

TITLE V BLOCK GRANT APPLICATION
FORMS (2-21)
STATE: NV
APPLICATION YEAR: 2011

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FORM 2
MCH BUDGET DETAILS FOR FY 2011

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: NV

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])
Of the Federal Allocation (1 above), the amount earmarked for:

\$ 1,792,466

A.Preventive and primary care for children:

\$ 537,740 (30%)

B.Children with special health care needs:

\$ 537,743 (30%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 179,240 (10%)

(The above figure cannot be more than 10%)[Sec. 504(d)]

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ 0

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 1,344,350

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 0

5. OTHER FUNDS (Item 15e of SF 424)

\$ 0

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 0

7. TOTAL STATE MATCH (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 853,034

\$ 1,344,350

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 3,136,816

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 0

c. CISS: \$ 0

d. Abstinence Education: \$ 194,139

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 0

h. AIDS: \$ 0

i. CDC: \$ 8,994,681

j. Education: \$ 0

k. Other: \$ 0

EDHI \$ 150,000

First Time Mothers \$ 500,000

Ryan White \$ 8,482,806

SPNS \$ 200,000

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)

\$ 18,521,626

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 21,658,442

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

1. **Section Number:** Form2_Main
Field Name: FedAlloc_CSHCN
Row Name: Federal Allocation - Children with special health care needs
Column Name:
Year: 2011
Field Note:
Budgeted is minimum, expect expenditures more than 30%.
2. **Section Number:** Form2_Main
Field Name: FedAlloc_Admin
Row Name: Federal Allocation - Title V Administrative costs
Column Name:
Year: 2011
Field Note:
Budgeted is minimum, expect expenditures more than 30%.
3. **Section Number:** Form2_Main
Field Name: StateMCHFunds
Row Name: State MCH Funds
Column Name:
Year: 2011
Field Note:
2009 NBS fees at 75%. Only required match recorded.
4. **Section Number:** Form2_Main
Field Name: CDC
Row Name: Other Federal Funds - CDC
Column Name:
Year: 2011
Field Note:
Diabetes - \$241,739
Tobacco - \$512,177
Comp Cancer - \$84,664
Immunization - \$4,642,894
EHDl - \$300,000
RAPE - \$253,720
National Breast and Cervical Detection Program - \$2,604,487
Oral Health - \$355,000
5. **Section Number:** Form2_Main
Field Name: OtherFedFundsOtherFund
Row Name: Other Federal Funds - Other Funds
Column Name:
Year: 2011
Field Note:
Amounts: EDHI is \$150,000, FTM is \$500,000, Ryan White is 8,482,806, SPNS is \$200,000.

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: NV

	FY 2006		FY 2007		FY 2008	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 1,976,405	\$ 1,861,285	\$ 1,976,405	\$ 1,835,626	\$ 1,837,036	\$ 1,837,036
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 150,000	\$ 0	\$ 150,000	\$ 0	\$ 150,000	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 1,482,304	\$ 1,395,964	\$ 1,482,304	\$ 1,376,719	\$ 1,377,777	\$ 1,377,777
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 1,139,785
7. Subtotal	\$ 3,608,709	\$ 3,257,249	\$ 3,608,709	\$ 3,212,345	\$ 3,364,813	\$ 4,354,598
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 47,224,459	\$ 41,219,201	\$ 49,207,697	\$ 43,516,956	\$ 46,654,854	\$ 53,399,821
9. Total <i>(Line11, Form 2)</i>	\$ 50,833,168	\$ 44,476,450	\$ 52,816,406	\$ 46,729,301	\$ 50,019,667	\$ 57,754,419
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: NV

	FY 2009		FY 2010		FY 2011	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 1,837,036	\$ 1,777,645	\$ 1,792,997	\$	\$ 1,792,466	\$
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
3. State Funds <i>(Line3, Form 2)</i>	\$ 1,377,777	\$ 1,377,777	\$ 1,344,748	\$	\$ 1,344,350	\$
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
7. Subtotal	\$ 3,214,813	\$ 3,155,422	\$ 3,137,745	\$ 0	\$ 3,136,816	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 47,946,657	\$ 18,521,626	\$ 69,573,483	\$	\$ 18,521,626	\$
9. Total <i>(Line11, Form 2)</i>	\$ 51,161,470	\$ 21,677,048	\$ 72,711,228	\$ 0	\$ 21,658,442	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

1. **Section Number:** Form3_Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2009
Field Note:
Award amount from NGA dated 7/2/08. Budget/Project period - 10/1/07-9/30/09.
2. **Section Number:** Form3_Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2008
Field Note:
Full amount of award expended.
3. **Section Number:** Form3_Main
Field Name: UnobligatedBalanceExpended
Row Name: Unobligated Balance
Column Name: Expended
Year: 2008
Field Note:
FFY 2008, we are correcting documentation to reflect actual. There has not been a reserve since at least 2006. Corrected here to show \$0 balance and in future unobligated line items.
4. **Section Number:** Form3_Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2009
Field Note:
Required state match, 75% expended 2009 Newborn Screening Fees.
5. **Section Number:** Form3_Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2008
Field Note:
Methodology for newborn screening fees match changed during this reporting period. It was assumed that all fees received and spent applied to the MCH block grant activities. This amount includes personnel, operating, contractual payments for NBS activities and other various clinics such as genetics, metabolic and FASD. [only the \$1,377,777 is the required 75% match. Over match is shown in "Program Income" line item.
6. **Section Number:** Form3_Main
Field Name: ProgramIncomeExpended
Row Name: Program Income
Column Name: Expended
Year: 2008
Field Note:
There is a 10% difference in budgeted because in past years, the entire Newborn Screening fees were reported in line 3, Form 2 as State Funds. The NBS are fee generated revenue and are categorized as Program Income (Line 6, Form 2). However, upon consultation we include the required 75% match in the line 3 State Funds; otherwise this would show as 0 and cause question.
7. **Section Number:** Form3_Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2009
Field Note:
Difference in Federal Funds is a result of agency reorganization and the WIC program being placed under a different agency director.
8. **Section Number:** Form3_Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2008
Field Note:
SSDI \$84745, ECCS \$167,485, Abstinence \$ 68217, Rape Prevention \$ 190,513, Oral Health \$ 505,006, Injury \$105,068, PCO \$ 184,626, SEARCH \$126,000, NBHS \$133,331, PHHS \$37478, WIC Breastfeeding \$137,057, WIC \$36,817,964, WIC Rebates \$14,841,331.

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: NV

	FY 2006		FY 2007		FY 2008	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 1,432,657	\$ 1,540,567	\$ 1,432,657	\$ 1,360,409	\$ 1,520,496	\$ 1,122,296
b. Infants < 1 year old	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 1,344,748
c. Children 1 to 22 years old	\$ 920,220	\$ 611,799	\$ 920,220	\$ 713,344	\$ 604,875	\$ 597,952
d. Children with Special Healthcare Needs	\$ 1,058,192	\$ 917,694	\$ 1,058,192	\$ 942,878	\$ 1,055,739	\$ 1,105,899
e. Others	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
f. Administration	\$ 197,640	\$ 187,189	\$ 197,640	\$ 195,714	\$ 183,703	\$ 183,703
g. SUBTOTAL	\$ 3,608,709	\$ 3,257,249	\$ 3,608,709	\$ 3,212,345	\$ 3,364,813	\$ 4,354,598
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 100,000		\$ 94,644	
c. CISS	\$ 178,466		\$ 140,000		\$ 140,000	
d. Abstinence Education	\$ 286,164		\$ 286,246		\$ 280,174	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 44,489,283		\$ 46,881,514		\$ 44,682,357	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 866,568		\$ 867,539		\$ 855,504	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
Other - See Notes	\$ 552,544		\$ 562,715		\$ 602,175	
Real Choices	\$ 751,434		\$ 369,683		\$ 0	
III. SUBTOTAL	\$ 47,224,459		\$ 49,207,697		\$ 46,654,854	

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: NV

	FY 2009		FY 2010		FY 2011	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 1,361,456	\$ 1,396,717	\$ 1,112,846		\$ 1,209,918	
b. Infants < 1 year old	\$ 0	\$ 0	\$ 769,802		\$ 672,175	
c. Children 1 to 22 years old	\$ 725,961	\$ 645,841	\$ 537,899		\$ 537,740	
d. Children with Special Healthcare Needs	\$ 943,693	\$ 960,963	\$ 537,899		\$ 537,743	
e. Others	\$ 0	\$ 0	\$ 0		\$ 0	
f. Administration	\$ 183,703	\$ 151,901	\$ 179,299		\$ 179,240	
g. SUBTOTAL	\$ 3,214,813	\$ 3,155,422	\$ 3,137,745	\$ 0	\$ 3,136,816	\$ 0
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 94,644		\$ 0		\$ 0	
c. CISS	\$ 140,000		\$ 0		\$ 0	
d. Abstinence Education	\$ 280,186		\$ 280,174		\$ 194,139	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 45,947,642		\$ 48,258,837		\$ 0	
h. AIDS	\$ 0		\$ 12,287,073		\$ 0	
i. CDC	\$ 990,496		\$ 8,129,205		\$ 8,994,681	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
EDHI	\$ 0		\$ 0		\$ 150,000	
First Time Mothers	\$ 0		\$ 0		\$ 500,000	
Ryan White	\$ 0		\$ 0		\$ 8,482,806	
SPNS	\$ 0		\$ 0		\$ 200,000	
FTM/HRSA	\$ 0		\$ 500,000		\$ 0	
NBHS/HRSA	\$ 0		\$ 118,194		\$ 0	
Other - See Notes	\$ 493,689		\$ 0		\$ 0	
III. SUBTOTAL	\$ 47,946,657		\$ 69,573,483		\$ 18,521,626	

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

1. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenBudgeted
Row Name: Pregnant Women
Column Name: Budgeted
Year: 2008
Field Note:
The amount budgeted for FY 08 is the percentage of expenditures for this population divided by the total budgeted expenditures for FY 06. The percentage for FY 06 is 47.3%. $(\$3,364,813 \text{ less } \$150,000) \times .473 = \$1,520,496$. (rounded)
2. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2009
Field Note:
Increased number of direct services for pregnant women
3. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2008
Field Note:
enter prenatal contracts (only MCH portion)
4. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2008
Field Note:
enter overmatched portion of NBS
5. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Budgeted
Row Name: Children 1 to 22 years old
Column Name: Budgeted
Year: 2008
Field Note:
The amount budgeted for FY 08 is the percentage of expenditures for this population divided by the total expenditures for FY 06. The percentage for FY 06 is 18.8%. $(\$3,364,813 \text{ less } \$150,000) \times .188 = \$604,875$. (rounded)
6. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2009
Field Note:
Field Note
7. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2008
Field Note:
enter notes
8. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNBudgeted
Row Name: CSHCN
Column Name: Budgeted
Year: 2008
Field Note:
The amount budgeted for FY 08 is the percentage of expenditures for this population divided by the total expenditures for FY 06. The percentage for FY 06 is 28.2%. $(\$3,364,813 \text{ less } \$150,000) \times .282 = \$906,577$. Added to this budget total is the carry forward amount of \$150,000 to match the grant application total. (rounded)
9. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2009
Field Note:
Increased number of CSHCN services
10. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2008
Field Note:
The amount reported here is the NEIS dollars from the MCH BG. \$491,478

A large portion the state spends in this category is by general fund (the CYSHCN health coverage program)- not reported here as only MCH BG & NBS fees are reported.
11. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AdminBudgeted
Row Name: Administration
Column Name: Budgeted
Year: 2008

Field Note:
Administrative expenditures are 10% of the grant application total request.

12. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpended
Row Name: Administration
Column Name: Expended
Year: 2009
Field Note:
Amount expended for administrative costs was decreased due to staff vacancies.

13. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpended
Row Name: Administration
Column Name: Expended
Year: 2008
Field Note:
Full amount allowed used for admin BA#3223

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: NV

TYPE OF SERVICE	FY 2006		FY 2007		FY 2008	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 1,494,006	\$ 822,857	\$ 934,656	\$ 876,987	\$ 862,137	\$ 645,944
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 732,568	\$ 706,537	\$ 700,090	\$ 795,828	\$ 747,332	\$ 875,829
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 967,134	\$ 1,172,258	\$ 1,515,657	\$ 1,002,136	\$ 1,206,985	\$ 2,416,865
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 415,001	\$ 555,597	\$ 458,306	\$ 537,394	\$ 548,359	\$ 415,960
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 3,608,709	\$ 3,257,249	\$ 3,608,709	\$ 3,212,345	\$ 3,364,813	\$ 4,354,598

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: NV

TYPE OF SERVICE	FY 2009		FY 2010		FY 2011	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 877,660	\$ 575,611	\$ 545,587		\$ 650,264	
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 796,441	\$ 539,930	\$ 379,299		\$ 482,055	
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 1,002,906	\$ 1,821,270	\$ 1,878,158		\$ 1,637,007	
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 537,806	\$ 218,611	\$ 334,701		\$ 367,490	
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 3,214,813	\$ 3,155,422	\$ 3,137,745	\$ 0	\$ 3,136,816	\$ 0

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

1. **Section Number:** Form5_Main
Field Name: DirectHCBudgeted
Row Name: Direct Health Care Services
Column Name: Budgeted
Year: 2011
Field Note:
The amount budgeted is based on type of service expenditures occurring in FY 10.
2. **Section Number:** Form5_Main
Field Name: DirectHCBudgeted
Row Name: Direct Health Care Services
Column Name: Budgeted
Year: 2008
Field Note:
The amount budgeted for FY 08 is the percentage of expenditures for this population in FY 06 divided by the total expenditures for FY 06. The percentage for FY 05 is 25.3%. $(\$822,857 / \$3,257,249 = 25.3\%.$ $(\$3,214,813 \times .253 = \$812,137,$ plus \$50,000 from carry forward = \$862,137.
3. **Section Number:** Form5_Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2009
Field Note:
Note why 10% different
4. **Section Number:** Form5_Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2008
Field Note:
FFY08 - cuts to the direct services contracts
5. **Section Number:** Form5_Main
Field Name: EnablingBudgeted
Row Name: Enabling Services
Column Name: Budgeted
Year: 2011
Field Note:
The amount budgeted is based on type of service expenditures occurring in FY 10.
6. **Section Number:** Form5_Main
Field Name: EnablingBudgeted
Row Name: Enabling Services
Column Name: Budgeted
Year: 2010
Field Note:
There are several enabling services/staff provided with MCH general funds, not reported here.
7. **Section Number:** Form5_Main
Field Name: EnablingBudgeted
Row Name: Enabling Services
Column Name: Budgeted
Year: 2008
Field Note:
The amount budgeted for FY 08 is the percentage of expenditures for this population in FY 06 divided by the total expenditures for FY 06. The percentage for FY 06 is 21.7%. $(\$706,537 / \$3,257,249 = 21.7\%.$ $(\$3,214,813 \times .217 = \$697,332,$ plus \$50,000 from carry forward = \$747,332. (rounded)
8. **Section Number:** Form5_Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2009
Field Note:
Note why 10% different
9. **Section Number:** Form5_Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2008
Field Note:
FFY 08 - more was expended in this category because of WIC budget changes.
10. **Section Number:** Form5_Main
Field Name: PopBasedBudgeted
Row Name: Population-Based Services
Column Name: Budgeted
Year: 2011
Field Note:
Amount budgeted reflects Newborn Screening Fees and other population based activities that are funded by MCH general fund dollars, not reported here.
11. **Section Number:** Form5_Main
Field Name: PopBasedBudgeted
Row Name: Population-Based Services
Column Name: Budgeted
Year: 2008
Field Note:
The amount budgeted for FY 08 is the percentage of expenditures for this population in FY 06 divided by the total expenditures for FY 06. The percentage for FY 06 is 36.0%. $(\$1,172,258 / \$3,257,249 = 36.0\%.$ $(\$3,214,813 \times .360 = \$1,157,985$ plus \$50,000 from carry forward = \$1,206,985. (rounded)

12. **Section Number:** Form5_Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2009
Field Note:
Newborn screening fees factored into this line item in addition to other MCH activities funded by federal/state funds.
13. **Section Number:** Form5_Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2008
Field Note:
FFY 2008 - we calculated the Newborn Screening fees entirely into this line item making the amount more than budgeted
14. **Section Number:** Form5_Main
Field Name: InfrastrBuildBudgeted
Row Name: Infrastructure Building Services
Column Name: Budgeted
Year: 2011
Field Note:
The amount budgeted is based on type of service expenditures occurring in FY 10.
15. **Section Number:** Form5_Main
Field Name: InfrastrBuildBudgeted
Row Name: Infrastructure Building Services
Column Name: Budgeted
Year: 2008
Field Note:
The amount budgeted for FY 08 is the percentage of expenditures for this population in FY 06 divided by the total expenditures for FY 06. The percentage for FY 06 is 17.1%. ($\$555,597 / \$3,257,249 = 17.1\%$). ($\$3,214,813 \times .171 = \$549,733$ less \$1,374 to balance to grant total budget.
16. **Section Number:** Form5_Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2009
Field Note:
Expenditures not as much as budgeted.
17. **Section Number:** Form5_Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2008
Field Note:
FFY 2008 - less was spent than budgeted

FORM 6

NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED

Sect. 506(a)(2)(B)(iii)

STATE: NV

Total Births by Occurrence: 37,226

Reporting Year: 2009

Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	36,945	99.2	9	1	1	100
Congenital Hypothyroidism	36,945	99.2	489	16	16	100
Galactosemia	36,945	99.2	14	0	0	
Sickle Cell Disease	36,945	99.2	9	9	9	100
Other Screening (Specify)						
Biotinidase Deficiency	36,945	99.2	5	2	2	100
Cystic Fibrosis	36,945	99.2	264	6	6	100
Maple Syrup Urine Disease	36,945	99.2	1	1	1	100
Other	36,945	99.2	3	3	3	100
Methylmalonic acidemia (Cbl A,B)	36,945	99.2	1	1	1	100
21-Hydroxylase Deficient Congenital Adrenal Hyperplasia	36,945	99.2	77	2	2	100
Medium-Chain Acyl-CoA Dehydrogenase Deficiency	36,945	99.2	2	2	2	100

Screening Programs for Older Children & Women (Specify Tests by name)

- (1) Use occurrent births as denominator.
 (2) Report only those from resident births.
 (3) Use number of confirmed cases as denominator.

FORM NOTES FOR FORM 6

None

FIELD LEVEL NOTES

- Section Number:** Form6_Main
Field Name: SickCellDisease_Confirmed
Row Name: SickCellDisease
Column Name: Confirmed Cases
Year: 2011
Field Note:
Presumptive Positive cases equal Confirmed cases but it does not save without an error. Presumptive Cases should be "9"

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDULICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: NV

Reporting Year: 2009

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	8,350	28.6	0.1	7.5	59.8	4.1
Infants < 1 year old	37,183	8.8	0.2	62.1	18.0	11.0
Children 1 to 22 years old	34,065	13.3	4.0	18.9	57.4	6.4
Children with Special Healthcare Needs	3,507	34.4	2.5	43.4	13.6	6.6
Others	11,899	17.3	0.0	16.8	57.0	8.9
TOTAL	95,004					

FORM NOTES FOR FORM 7

Coverage breakdown for infants < 1year old were e from 2007 & 2008 pooled estimates from the Kaisr Family Foundation. Coverage breakdowns for pregnant women, children 1 to 22 years of age, children with special healthcare needs, and others were estimated from Community Health Nursing data. Title XXI estimates were provided from Nevada Medicaid.

Total does not equal 100% due to rounding.

FIELD LEVEL NOTES

1. **Section Number:** Form7_Main
Field Name: PregWomen_TS
Row Name: Pregnant Women
Column Name: Title V Total Served
Year: 2011
Field Note:
does not equal 100% due to rounding
2. **Section Number:** Form7_Main
Field Name: Children_0_1_TS
Row Name: Infants <1 year of age
Column Name: Title V Total Served
Year: 2011
Field Note:
Coverage breakdown for infants < 1year old were e from 2007 & 2008 pooled estimates from the Kaisr Family Foundation. Coverage breakdowns for pregnant women, children 1 to 22 years of age, children with special healthcare needs, and others were estimated from Community Health Nursing data. Title XXI estimates were provided from Nevada Medicaid.
Total does not equal 100% due to rounding.
3. **Section Number:** Form7_Main
Field Name: Children_1_22_TS
Row Name: Children 1 to 22 years of age
Column Name: Title V Total Served
Year: 2011
Field Note:
Coverage breakdown for infants < 1year old were e from 2007 & 2008 pooled estimates from the Kaisr Family Foundation. Coverage breakdowns for pregnant women, children 1 to 22 years of age, children with special healthcare needs, and others were estimated from Community Health Nursing data. Title XXI estimates were provided from Nevada Medicaid.
Total does not equal 100% due to rounding.
4. **Section Number:** Form7_Main
Field Name: CSHCN_TS
Row Name: Children with Special Health Care Needs
Column Name: Title V Total Served
Year: 2011
Field Note:
Coverage breakdown for infants < 1year old were e from 2007 & 2008 pooled estimates from the Kaisr Family Foundation. Coverage breakdowns for pregnant women, children 1 to 22 years of age, children with special healthcare needs, and others were estimated from Community Health Nursing data. Title XXI estimates were provided from Nevada Medicaid.
Total does not equal 100% due to rounding.
5. **Section Number:** Form7_Main
Field Name: AllOthers_TS
Row Name: Others
Column Name: Title V Total Served
Year: 2011
Field Note:
Coverage breakdown for infants < 1year old were e from 2007 & 2008 pooled estimates from the Kaisr Family Foundation. Coverage breakdowns for pregnant women, children 1 to 22 years of age, children with special healthcare needs, and others were estimated from Community Health Nursing data. Title XXI estimates were provided from Nevada Medicaid.
Total does not equal 100% due to rounding.
6. **Section Number:** Form7_Main
Field Name: AllOthers_XIX
Row Name: Others
Column Name: Title XIX %
Year: 2011
Field Note:
not 100% due to rounding

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: NV

Reporting Year: 2009

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	36,146	28,267	3,458	488	2,782	198	0	953
Title V Served	8,351	6,530	799	113	643	46	0	220
Eligible for Title XIX	23,643	18,489	2,262	319	1,820	130	0	623
INFANTS								
Total Infants in State	37,226	29,111	3,562	503	2,865	204	0	981
Title V Served	37,183	29,078	3,557	502	2,862	204	0	980
Eligible for Title XIX	9,604	7,510	919	130	739	53	0	253

II. UNDUPLICATED COUNT BY ETHNICITY

HISPANIC OR LATINO (Sub-categories by country or area of origin)								
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	21,420	14,099	627	11,559	236	303	1,609	392
Title V Served	4,948	3,258	145	2,670	55	70	372	91
Eligible for Title XIX	14,010	9,222	411	7,561	154	198	1,052	257
INFANTS								
Total Infants in State	21,312	15,263	651	12,514	256	328	1,742	423
Title V Served	21,288	15,245	650	12,499	255	327	1,740	424
Eligible for Title XIX	5,561	3,938	105	3,229	66	85	449	109

FORM NOTES FOR FORM 8

Infants <1 year old - Nevada Birth Registry Data for Race/Ethnicity for CY 2008 were used to determine race/ethnicity breakdowns. With the implementation of the new electronic birth registry these data for CY 2009 were not yet available. Medicaid eligibility estimates were derived from the Kaiser Family Foundation health insurance coverage estimates for Nevada (2007 to 2008 pooled data).

Deliveries (Women eligible for Title XIX) were derived from Kaiser Family Foundation the health insurance coverage estimates for Nevada (2007 to 2008 pooled data) and from the U.S. Census Poverty Data for Nevada.

FIELD LEVEL NOTES

None

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: NV

	FY 2011	FY 2010	FY 2009	FY 2008	FY 2007
1. State MCH Toll-Free "Hotline" Telephone Number		(866) 254-3964	(866) 254-3946	(866) 254-3946	(866) 254-3946
2. State MCH Toll-Free "Hotline" Name		Bureau of Child, Family, Community Wellness/Family TIES	Bureau of Family Health Services CSHCN	Bureau of Family Health Services CSHCN	Bureau of Family Health Services CSHCN
3. Name of Contact Person for State MCH "Hotline"		D. Wagler/Marcia O'Malle	Brad Towle	Brad Towle	Judith Wright
4. Contact Person's Telephone Number		775-684-4285	(775) 684-4285	(775) 684-4285	(775) 684-4285
5. Contact Person's Email		dwagler@health.nv.gov			
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	873	1,008

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: NV

	FY 2011	FY 2010	FY 2009	FY 2008	FY 2007
1. State MCH Toll-Free "Hotline" Telephone Number	<u>(800) 429-2669 & 211</u>	<u>(800) 429-2669 & 211</u>	<u>(800) 429-2669</u>	<u>(800) 429-2669</u>	<u>(800) 429-2669</u>
2. State MCH Toll-Free "Hotline" Name	MCH Campaign/ Nevada 211	MCH Campaign/Nevada 2-1-1	MCH Campaign	MCH Campaign	MCH Campaign
3. Name of Contact Person for State MCH "Hotline"	<u>Joanne Malay</u>	<u>Joanne Malay</u>	<u>Judith Wright</u>	<u>Judith Wright</u>	<u>Judith Wright</u>
4. Contact Person's Telephone Number	<u>(775) 684-5902</u>	<u>(775) 684-5902</u>	<u>(775) 684-4285</u>	<u>(775) 684-4285</u>	<u>(775) 684-4285</u>
5. Contact Person's Email	<u>jmalay@health.nv.gov</u>	<u>jmalay@health.nv.gov</u>			
6. Number of calls received on the State MCH "Hotline" this reporting period	<u>0</u>	<u>0</u>	<u>725</u>	<u>715</u>	<u>836</u>

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

1. **Section Number:** Form9_Main

Field Name: calls_2

Row Name: Number of calls received On the State MCH Hotline This reporting period

Column Name: FY

Year: 2009

Field Note:

First Time Motherhood promoted Nevada 211 in late 2009, expectation is numbers will go up after transition is complete and outreach is in full implementation.

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2011
[SEC. 506(A)(1)]
STATE: NV

1. State MCH Administration:
(max 2500 characters)

Nevada's Title V Maternal and Child Health Program is administered through the Bureau of Child, Family, and Community Wellness (formerly Bureau of Family Health Services), Nevada State Health Division, Department of Health and Human Services. Programs under MCH include Children and Youth with Special Health Care Needs (CYSHCN), which includes newborn screening, newborn hearing screening, multidisciplinary clinics, and Nevada Birth Outcomes Monitoring system (formerly Birth Defects Registry), adolescent health which includes Perinatal Substance Abuse Prevention, Autism Training and Technical Assistance, the MCH Campaign (the information and referral line) injury and rape prevention, teen pregnancy prevention, and breastfeeding promotion.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 1,792,466
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 1,344,350
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 0
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 3,136,816

9. Most significant providers receiving MCH funds:

Early Intervention Services
Oregon Labs
University Medical Center of Southern Nevada
Frontier and Rural Clinics

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	8,350
b. Infants < 1 year old	37,183
c. Children 1 to 22 years old	34,065
d. CSHCN	3,507
e. Others	11,899

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:
(max 2500 characters)

Nevada's direct and enabling services includes the CYSHCN program which pays for treatment for eligible children (dual eligibility of family income and physical condition). This program will be move to community based agencies in FY10. It includes the multidisciplinary clinics for genetics, metabolics, cleft/craniofacial, fetal alcohol syndrome, and endocrine and hemoglobin. These clinics provide evaluation, diagnosis, and recommendations for treatment and referrals. A portion of the MCH block grant supports Early Intervention Services whose Developmental Specialists offer services to developmentally delayed children age 0-3. Teen health clinics are contracted with the Washoe County Health District (Reno) and the Huntridge Teen Clinic (Las Vegas). The MCH Block Grant supports community health nursing in Nevada's rural counties; they are increasing their delivery of EPSDT including lead screening.

b. Population-Based Services:
(max 2500 characters)

Nevada's newborn screening program screened 98.7 percent of infants in 2008; its newborn hearing program screened 98.8 percent of the infants born in the state. In 2008 newborn screening added cystic fibrosis to the screening panel, bringing to 32 the number of disorders screened. The newborn hearing screening program partners with Nevada Early Intervention Services to ensure infants who fail the screening are appropriately tested for confirmation. The MCH Toll-Free Information and Referral Line is available statewide as is the Bureau web page, to inform the public of available services and how to contact them. Immunization is offered by the Frontier and Rural public health nurses supported in part by the MCH block grant. Multiple programs within MCH offer Health Promotion and Education activities, i.e., Oral Health, Injury and Prevention, Car Seat Safety, Breastfeeding support and education, EPSDT outreach, Well Child Curriculum, Youth Health Transitioning.

c. Infrastructure Building Services:
(max 2500 characters)

Nevada Birth Outcomes Monitoring System has completed reports for 2005 and 2006, and is working on 2007. Oral Health and Injury Prevention continue to have biostatisticians on staff who are producing reports that may be found posted on the Bureau's web site (www.health.nv.gov). The SSDI grant continues to provide staff to work on the MCH Block Grant and other data needed by the Bureau. Newborn Screening and Hearing are working on improved databases for tracking. These programs will link with the new Electronic Birth Records system. Lead screens are now reported by Clark County (the largest urban area), and the rural health nurses. Advocacy is in place for statewide reporting for the 2009 legislative session. MCH Staff are using language in future contracts for performance measurement and to add local data to our current nationwide collected sources.

12. The primary Title V Program contact person:

Name	Deborah Aquino
Title	MCH Manager
Address	4150 Technology Way

13. The children with special health care needs (CSHCN) contact person:

Name	Joanne Malay
Title	Women & Children's Wellness Manager
Address	4150 Technology Way

City	Carson City
State	NV
Zip	89706
Phone	775-684-3476
Fax	775-684-3480
Email	daquino@health.nv.gov
Web	

City	Carson City
State	NV
Zip	89706
Phone	775-684-5902
Fax	775-684-3480
Email	jmalay@health.nv.gov
Web	

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: NV

Form Level Notes for Form 11

NPM#13 Data entered for 2009 is from 2008 SPM#1 Data entered for 2008 is from 2008 SPM#12 I have compiled the newborn hearing screening follow-up data from 3 sources for babies born in 2009. The data is from Nevada Early Intervention Services in both Reno and Las Vegas, and from Nanci Campbell, a private practice audiologist in Carson City. In total, 58 babies who were born in 2009 and did not pass the newborn hearing screening were seen at these offices for diagnostic hearing testing. Of these 58 babies, 41 received a diagnosis (of either normal hearing or confirmed hearing loss) within 3 months of their hospital newborn hearing screen. Please be aware that this is a very small group of infants compared to the total infants statewide who did not pass their hearing screening. In addition, this small group may not be a representative sample and these outcomes may not reflect those of the larger population of infants who did not pass their screening. The infants tracked in this data set were born at a small group of hospitals that provide direct referral to an audiologist for follow-up diagnostic hearing testing. Most hospitals do not provide this direct link to an audiologist. For hospitals that do not provide a direct referral to an audiologist, babies must often go through their pediatrician who then refers to an ENT physician who then refers to the audiologist. By adding these extra steps, the time to diagnosis is usually extended. It may be important to make note that this limited data set may not be a representative sample and why. When this data is collected next year for 2010 births, a much larger data set will be available and the percent of babies who receive a diagnosis within 3 months will likely decrease to reflect the timeframes that typically occur across the state. SPM#13 NEIS serves children birth to three and the above data is reporting for these respective ages. Some children received both and the above data is reporting for these respective ages. Children may receive ASQ, ASQ-SE, and MCHATs. Autism screening began in 2009. All referred children to and/or MCHATs. Autism Screening began in 2009. All referred children to NEIS receive a screening. In FY 09, there were 4,147 early intervention referrals statewide. The populations for 2007 through 2008 are interim.

PERFORMANCE MEASURE # 01

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	99	99	99	100	100
Annual Indicator	98.4	100.0	100.0	100.0	100.0
Numerator	35,794	49	51	44	43
Denominator	36,377	49	51	44	43
Data Source				Oregon Public Health Lab	Oregon Public Health Lab
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

None

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	60	65	60	50	50
Annual Indicator	54.6	54.6	47.5	47.5	47.5
Numerator					
Denominator					
Data Source				2006 Natl Study	2006 Natl Study
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	55	60	65	70	70
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2009**Field Note:**

2006 National Study Data repeated.

Increased outcome objectives to be more inline with the national averages of 57.4% (2006)

2. Section Number: Form11_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2008**Field Note:**

2006 National Study Data repeated.

Increased outcome objectives to be more inline with the national averages of 57.4% (2006)

3. Section Number: Form11_Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	55	55	55	42	47
Annual Indicator	49.1	49.1	41.2	41.2	41.2
Numerator					
Denominator					
Data Source				2006 Natl Study	2006 Natl Study
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	51	55	60	65	65
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2009**Field Note:**

This is data from the SLAITS, National CYSHCN study, 2006 (conducted once every 5 years)
Increased the target objectives to be inline with National averages of 47.1% (2006)

2. Section Number: Form11_Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2008**Field Note:**

This is data from the SLAITS, National CYSHCN study, 2006 (conducted once every 5 years)
Increased the target objectives to be inline with National averages of 47.1% (2006)

3. Section Number: Form11_Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	60	62	64	54	60
Annual Indicator	55.4	55.4	53.5	53.5	53.5
Numerator					
Denominator					
Data Source				2006 Natl Study	2006 Natl Study
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	62	66	70	75	75
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2009**Field Note:**

This is data from the SLAITS, National CYSHCN study, 2006 (conducted once every 5 years)
 Increased the target objectives to be inline with national average of 62.0% (2006 data)

2. Section Number: Form11_Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2008**Field Note:**

This is data from the SLAITS, National CYSHCN study, 2006 (conducted once every 5 years)
 Increased the target objectives to be inline with national average of 62.0% (2006 data)

3. Section Number: Form11_Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	80	82	80	83	85
Annual Indicator	75.1	75.1	82.6	82.6	82.6
Numerator					
Denominator					
Data Source				2006 Natl Study	2006 Natl Study
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	90	93	95	97	97
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2009**Field Note:**

This is data from the SLAITS, National CYSHCN study, 2006 (conducted once every 5 years)
 Increased the target objectives to be inline with national average of 89.0% (2006 data)

2. Section Number: Form11_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2008**Field Note:**

This is data from the SLAITS, National CYSHCN study, 2006 (conducted once every 5 years)
 Increased the target objectives to be inline with national average of 89.0% (2006 data)

3. Section Number: Form11_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	11	12	17	42	45
Annual Indicator	5.8	5.8	41.7	41.7	41.7
Numerator					
Denominator					
Data Source				2006 Natl Study	2006 Natl Study
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	50	55	60	65	65
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2009**Field Note:**

This is data from the SLAITS, National CYSHCN study, 2006 (conducted once every 5 years)

NOTE: Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

Increased the target objectives to be inline with national average of 41.2% (2006 data)

2. Section Number: Form11_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2008**Field Note:**

This is data from the SLAITS, National CYSHCN study, 2006 (conducted once every 5 years)

NOTE: Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

Increased the target objectives to be inline with national average of 41.2% (2006 data)

3. Section Number: Form11_Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

	Annual Objective and Performance Data				
	2005	2006	2007	2008	2009
Annual Performance Objective	<u>75</u>	<u>70</u>	<u>72</u>	<u>67</u>	<u>69</u>
Annual Indicator	<u>66.7</u>	<u>69.3</u>	<u>50.0</u>	<u>45.9</u>	<u>47.1</u>
Numerator			<u>37,176</u>	<u>34,110</u>	<u>35,652</u>
Denominator			<u>74,316</u>	<u>74,382</u>	<u>75,705</u>
Data Source				NV Immunization Program	NV Immunization Program
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

	Annual Objective and Performance Data				
	2010	2011	2012	2013	2014
Annual Performance Objective	<u>70</u>	<u>71</u>	<u>72</u>	<u>74</u>	<u>74</u>
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2009**Field Note:**

These numbers only represent the number of children aged 19-35 months in each designated year who are in the registry. These percentages are lower than the NIS rates. This can be explained by providers using the registry and only entering vaccinations from a certain date forward, leaving out parts of children's immunization records.

2. Section Number: Form11_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2008**Field Note:**

These numbers only represent the number of children aged 19-35 months in each designated year who are in the registry. These percentages are lower than the NIS rates. This can be explained by providers using the registry and only entering vaccinations from a certain date forward leaving out parts of children's immunization records. CDC National Immunization Survey NIS data July 2007 – June 2008 variable 4:3:1:3:3:1+++

Numerator & Denominator information is not available per this survey.

3. Section Number: Form11_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2007**Field Note:**

These numbers only represent the number of children aged 19-35 months in each designated year who are in the registry. These percentages are lower than the NIS rates. This can be explained by providers using the registry and only entering vaccinations from a certain date forward leaving out parts of children's immunization records. This data is from "Estimated Vaccination Coverage with Individual Vaccines and Selected Vaccination Series Among Children 19-35 Months of Age by State and Local Area. U.S. National Immunization Survey, Q3/2006 - Q2/2007

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	26	25	25	24	24
Annual Indicator	26.4	26.7	26.4	25.7	25.7
Numerator	1,353	1,429	1,465	1,440	1,440
Denominator	51,274	53,593	55,520	55,942	55,942
Data Source				Vital Stats	Vital Stats
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	23	23	23	23	23
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2009

Field Note:

The data is preliminary and will be available in December of 2010.

2008 data was entered for 2009.

Population data is interim from the state demographer. The numerator is preliminary.

2. Section Number: Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2008

Field Note:

Population data is interim from the state demographer. The numerator is preliminary.

3. Section Number: Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2007

Field Note:

Population data is interim from the state demographer. The numerator is preliminary.

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	38	40	42	44	38
Annual Indicator	33.0	41.0	41	37.5	37.5
Numerator	10,350	13,109			
Denominator	31,364	31,973			
Data Source				BSS 2006	BSS 2006
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	38	40	40	40	40
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2009**Field Note:**

The Denominator is 34,320.

Oral Health Surveys are not conducted every year. The 2004 and 2005 numerator is from the 2003 Basic Screening Survey (BSS). The 2006 numerator is from the oral health survey that was conducted in that year. The 2007 numerator is from the 2006 survey. The 2008-2009 numerator is from the survey conducted in those years. For the 2006 survey the dominator for the 2004-2005 school year was used. For the 2008-2009 survey the dominator for the school year 2006-2007 was used. The dominator numbers provided above are the number of third graders enrolled in the school year 2004-2005, 2006-2007 and 2008-2009 in Nevada based on a report that the Department of Education provides.

2. Section Number: Form11_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2008**Field Note:**

The denominator is 34,320.

Oral Health Surveys are not conducted every year. The 2004 and 2005 numerator is from the 2003 Basic Screening Survey (BSS). The 2006 numerator is from the oral health survey that was conducted in that year. The 2007 numerator is from the 2006 survey. The 2008-2009 numerator is from the survey conducted in those years. For the 2006 survey the dominator for the 2004-2005 school year was used.

For the 2008-2009 survey the dominator for the school year 2006-2007 was used. The dominator numbers provided above are the number of third graders enrolled in the school year 2004-2005, 2006-2007 and 2008-2009 in Nevada based on a report that the Department of Education provides.

This data is based on a statewide screening of children enrolled in third grade conducted in 2006. Children were not resurveyed in fiscal year 2008. The 2008 figure reported is an estimate based on the 2006 survey results and uses the Nevada Department of Education's Public and Private School Enrollment figures for third graders during the 2007-2008 school year.

Future objectives expected to decline. (The Annual Performance Objective goals for future years on this Performance Measure were adjusted downward following the loss of HRSA funding supporting two of Nevada's three school-based dental sealant programs. It is anticipated that the obtainment of new funding for the larger of the two programs, Seal Nevada South, will allow this indicator to improve and meet or surpass earlier levels.)

3. Section Number: Form11_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2007**Field Note:**

The denominator is 34,234.

Oral Health Surveys are not conducted every year. The 2004 and 2005 numerator is from the 2003 Basic Screening Survey (BSS). The 2006 numerator is from the oral health survey that was conducted in that year. The 2007 numerator is from the 2006 survey. The 2008-2009 numerator is from the survey conducted in those years. For the 2006 survey the dominator for the 2004-2005 school year was used.

For the 2008-2009 survey the dominator for the school year 2006-2007 was used. The dominator numbers provided above are the number of third graders enrolled in the school year 2004-2005, 2006-2007 and 2008-2009 in Nevada based on a report that the Department of Education provides.

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	2.5	2.4	2.3	2.2	2
Annual Indicator	4.6	4.7	2.5	2.3	2.3
Numerator	24	26	14	13	13
Denominator	526,084	549,579	569,703	573,966	573,966
Data Source				ICD 9 codes-Cause of Death	ICD 9 codes-Cause of Death
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	2	1.9	1.9	1.9	1.9
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data entered is from 2008. The data will be available in December, 2010.

Please note: FARS only collects data on traffic way related fatalities.
These numbers do not include private property, parking lots or off road.

2. Section Number: Form11_Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2008**Field Note:**

Please note: FARS only collects data on traffic way related fatalities.
These numbers do not include private property, parking lots or off road.

3. Section Number: Form11_Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2007**Field Note:**

Please note: FARS only collects data on traffic way related fatalities.
These numbers do not include private property, parking lots or off road.

PERFORMANCE MEASURE # 11

The percent of mothers who breastfeed their infants at 6 months of age.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective		25	27	32	27
Annual Indicator	22.7	23	26.5	25.1	25.6
Numerator					
Denominator					
Data Source				PedNSS	PedNSS
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i> Is the Data Provisional or Final?					
				Final	Final

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	28	29	30	31	31
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #11**Field Name:** PM11**Row Name:****Column Name:****Year:** 2009**Field Note:**

NV WIC Program is the only source of breastfeeding data available in the State. The NV WIC program sends the raw data extrated from their MIS to the PedNSS at the CDC. The CDC processes the data and reports back only the percentages, NV WIC program does not know the value of numerator and denominator used. Currently, the MIS uses regional parameters to calculate programatic indicators that are not fully compatible with CDC's, thus the MCH uses the PedNSS data to ensure consistency in the report.

Perf. Obj. This was a new reporting measure in 2005. Progress toward the projected objectives are not met. A review for more realistic objectives were made this year. This is a new program, had major organizational shifting, new staff and activities are underway but need time to get a foothold for outcome indicators to change greatly.

This is just WIC data, Nevada has no other way to capture rates at the infant's 6 month mark. We can ask WIC for it directly, or we can get it from the federal agencies that they send it to: PedNSS. CDC, through the National Immunization Survey, produces a breastfeeding report card for each state that includes process and outcomes indicators. http://www.cdc.gov/breastfeeding/data/NIS_data/index.htm
 CDC through their National Immunization survey conducts it annually.

CDC is by the entire state, we should be able to get clinic data directly from Nevada WIC Program, could be possible to run a report by zip code.
 HP 2010 Objective 16-19b, increase to 50% (Baseline: 29% in 1998)

2. Section Number: Form11_Performance Measure #11**Field Name:** PM11**Row Name:****Column Name:****Year:** 2008**Field Note:**

NV WIC Program is the only source of breastfeeding data available in the State. The NV WIC program sends the raw data extrated from their MIS to the PedNSS at the CDC. The CDC processes the data and reports back only the percentages, NV WIC program does not know the value of numerator and denominator used. Currently, the MIS uses regional parameters to calculate programatic indicators that are not fully compatible with CDC's, thus the MCH uses the PedNSS data to ensure consistency in the report.

Perf. Obj. This was a new reporting measure in 2005. Progress toward the projected objectives are not met. A review for more realistic objectives were made this year. This is a new program, had major organizational shifting, new staff and activities are underway but need time to get a foothold for outcome indicators to change greatly.

This is just WIC data, Nevada has no other way to capture rates at the infant's 6 month mark. We can ask WIC for it directly, or we can get it from the federal agencies that they send it to: PedNSS. CDC, through the National Immunization Survey, produces a breastfeeding report card for each state that includes process and outcomes indicators. http://www.cdc.gov/breastfeeding/data/NIS_data/index.htm
 CDC through their National Immunization survey conducts it annually.

CDC is by the entire state, we should be able to get clinic data directly from Nevada WIC Program, could be possible to run a report by zip code.
 HP 2010 Objective 16-19b, increase to 50% (Baseline: 29% in 1998)

3. Section Number: Form11_Performance Measure #11**Field Name:** PM11**Row Name:****Column Name:****Year:** 2007**Field Note:**

NV WIC Program is the only source of breastfeeding data available in the State. The NV WIC program sends the raw data extrated from their MIS to the PedNSS at the CDC. The CDC processes the data and reports back only the percentages, NV WIC program does not know the value of numerator and denominator used. Currently, the MIS uses regional parameters to calculate programatic indicators that are not fully compatible with CDC's, thus the MCH uses the PedNSS data to ensure consistency in the report.

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	95	97	97	99	99
Annual Indicator	96.2	96.7	98.8	99.2	99.0
Numerator	35,116	37,834	38,744	38,232	36,372
Denominator	36,485	39,122	39,209	38,541	36,747

Data Source

EHDI database

EHDI database

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	99	99	99	99	99
Annual Indicator					
Numerator					
Denominator					

Field Level Notes1. **Section Number:** Form11_Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2008**Field Note:**

From the state Newborn Hearing Database

EDHI manager

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	18	17	17	16	14
Annual Indicator	18.6	17.9	18.8	16.9	16.9
Numerator			122,018	128,670	128,670
Denominator			648,797	763,309	763,309
Data Source				GBPCA 2009 Rpt	GBPCA 2009 Rpt

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	14	13	13	12	12
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data is from the Great Basin Primary Care Association 2009 report
http://www.gbpc.org/uninsured/Docs09/Uninsured_Report_09.pdf

2. Section Number: Form11_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2007**Field Note:**

2007 indicator is from the U.S. Bureau Current Population Survey 2007 (new source of data for 2007)

PERFORMANCE MEASURE # 14

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective		15	14.5	11	11
Annual Indicator	15.8	15	12.6	13.8	14.8
Numerator					
Denominator					
Data Source				PedNSS tables	PedNSS tables
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	10	10	9	9	9
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2009

Field Note:

Using the 2009 Pediatric Nutrition Surveillance
Nevada Summary of Demographic Indicators Children Aged <5 Years
Table 2C

2. **Section Number:** Form11_Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2008

Field Note:

Using the 2008 Pediatric Nutrition Surveillance
Nevada Summary of Demographic Indicators Children Aged <5 Years
Table 2C

3. **Section Number:** Form11_Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2007

Field Note:

This data is from the Centers for Disease Control Pediatric Nutrition Surveillance System for WIC. It is reported as 85% - 95% and >95%. What is reported here is the > 95% rate.

PERFORMANCE MEASURE # 15

Percentage of women who smoke in the last three months of pregnancy.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective		7	6	6	5
Annual Indicator	7.6	7.0	6.6	5.9	6.1
Numerator	2,771	2,738	2,727	2,286	2,264
Denominator	36,479	39,260	41,175	38,777	36,847
Data Source				vital stat/birth cert	vital stat/birth cert

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	5	4	4	4	4
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #15

Field Name: PM15**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data for women who smoked in the last three months of pregnancy is unavailable. Data consists of women who smoked at any time during their pregnancy (numerator) and the number of women who gave birth (denominator).

Data for 2009 is preliminary. Data will be finalized in March 2011.

2. **Section Number:** Form11_Performance Measure #15

Field Name: PM15**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data for women who smoked in the last three months of pregnancy is unavailable. Data consists of women who smoked at any time during their pregnancy (numerator) and the number of women who gave birth (denominator).

Data for 2008 is preliminary. Data will be finalized in December 2010.

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	14	7	6	6	5
Annual Indicator	14.1	11.8	7.8	4.6	4.6
Numerator	25	22	15	9	9
Denominator	177,850	185,872	192,576	194,035	194,035
Data Source				vital stats/ death cert	vital stats/ death cert
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	5	5	5	5	5
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data entered is from 2008. Data will be available in December, 2010.

ICD-10 codes X60-X84, Y87.0 and U03 listed in the underlying cause of death were used to compile the data.

2. Section Number: Form11_Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2008**Field Note:**

ICD-10 codes X60-X84, Y87.0 and U03 listed in the underlying cause of death were used to compile the data.

This data is preliminary. The data will be available in December, 2010.

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	95	95	97	97	97
Annual Indicator	95.2	94.7	93.2	72.9	75.1
Numerator	455	515	497	357	341
Denominator	478	544	533	490	454
Data Source				vital stats/ birth certs	vital stats/ birth certs
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	98	98	99	99	99
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data greater than or equal to 2008 included level 3 only. Data for 2009 is preliminary. Data will be available in March, 2011.

2. Section Number: Form11_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data greater than or equal to 2008 included level 3 only. Data for 2008 is preliminary. Data will be available in December, 2010.

3. Section Number: Form11_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data less than or equal to 2007 included level 2 and level 3.

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	80	74	76	78	80
Annual Indicator	67.2	64.3	64.7	69.4	59.4
Numerator	25,032	25,721	26,621	26,914	21,875
Denominator	37,259	40,006	41,175	38,777	36,847
Data Source				vital stats/ birth certs	vital stats/ birth certs
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	85	85	85	85	85
Annual Indicator					
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data for 2009 is preliminary. Data will be available in March, 2011.

2. Section Number: Form11_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data for 2008 is preliminary. Data will be available in December, 2010.

3. Section Number: Form11_Performance Measure #18**Field Name:** PM18**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data is preliminary and will be available in December, 2010.

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: NV

Form Level Notes for Form 11

NPM#13 Data entered for 2009 is from 2008 SPM#1 Data entered for 2008 is from 2008 SPM#12 I have compiled the newborn hearing screening follow-up data from 3 sources for babies born in 2009. The data is from Nevada Early Intervention Services in both Reno and Las Vegas, and from Nanci Campbell, a private practice audiologist in Carson City. In total, 58 babies who were born in 2009 and did not pass the newborn hearing screening were seen at these offices for diagnostic hearing testing. Of these 58 babies, 41 received a diagnosis (of either normal hearing or confirmed hearing loss) within 3 months of their hospital newborn hearing screen. Please be aware that this is a very small group of infants compared to the total infants statewide who did not pass their hearing screening. In addition, this small group may not be a representative sample and these outcomes may not reflect those of the larger population of infants who did not pass their screening. The infants tracked in this data set were born at a small group of hospitals that provide direct referral to an audiologist for follow-up diagnostic hearing testing. Most hospitals do not provide this direct link to an audiologist. For hospitals that do not provide a direct referral to an audiologist, babies must often go through their pediatrician who then refers to an ENT physician who then refers to the audiologist. By adding these extra steps, the time to diagnosis is usually extended. It may be important to make note that this limited data set may not be a representative sample and why. When this data is collected next year for 2010 births, a much larger data set will be available and the percent of babies who receive a diagnosis within 3 months will likely decrease to reflect the timeframes that typically occur across the state. SPM#13 NEIS serves children birth to three and the above data is reporting for these respective ages. Some children received both and the above data is reporting for these respective ages. Children may receive ASQ, ASQ-SE, and MCHATs. Autism screening began in 2009. All referred children to and/or MCHATs. Autism Screening began in 2009. All referred children to NEIS receive a screening. In FY 09, there were 4,147 early intervention referrals statewide. The populations for 2007 through 2008 are interim.

STATE PERFORMANCE MEASURE # 1 - REPORTING YEAR

Increase the percent of women of child-bearing age who receive screening and assistance for domestic violence.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	10	10	15	15	15
Annual Indicator	5.7	6.0	5.6	3.9	3.9
Numerator	30,288	30,015	28,982	19,546	19,546
Denominator	528,027	498,297	515,208	503,840	503,840
Data Source				Title V contract pgms	Title V contract pgms
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	15	15	15	15	
Annual Indicator					
Numerator					
Denominator					

Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2008

Field Note:

Data from Title V funded pregnancy clinics and Nevada Network Against Domestic Violence women aged 18-44years. Denominator is state demographers projection of women.

STATE PERFORMANCE MEASURE # 2 - REPORTING YEAR

Increase the rate of significant Medicaid dental providers to the Medicaid population of children, youth and pregnant women.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective		1.9	2	2	2.1
Annual Indicator	1.8	1.5	1.9	1.9	7.4
Numerator	298	344	422	405	392
Denominator	167,271	235,066	222,530	212,029	53,284
Data Source				NV DHCFP	NV DHCFP
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	<u>2.2</u>	<u>2.3</u>	<u>2.4</u>	<u>2.4</u>	<u></u>
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data is for federal fiscal year 2009.

Numerator

FFS Report from DSS. Reports from HMOs were combined with FFS report to obtain total paid overall to each dentist in Access.

Data was not requested from Anthem for the first quarter of the fiscal year.

Count of dentists paid more than \$1,000 during the reporting year was calculated from the Access database.

Denominator

All Children: All members age 0-18 during the reporting period (by birthdate).

Women of Childbearing age: All female members age 15-44 during reporting period (by birthdate).

Note: Report counts all women 15-18 as children and does not duplicate them.

2. Section Number: Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data comes from the Nevada Division of Health Care Financing and Policy (DHCFP). The numerator is the number of dentists who received at least \$1,000 in payments in the reporting year and the denominator is the number of Medicaid clients in the cohort. The reported number is the ratio of dentists per 1,000 population in the cohort.

STATE PERFORMANCE MEASURE # 3 - REPORTING YEAR

Decrease the percent of women, ages 18 to 44, who are obese.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective		18	18	17	17
Annual Indicator	19.7	23.0	21.9	20.0	22.5
Numerator	104,021	98,268	94,783	88,875	101,025
Denominator	528,027	426,760	433,217	444,805	448,508
Data Source				BRFSS 2008	BRFSS 2009
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	<u>16</u>	<u>16</u>	<u>16</u>	<u>16</u>	<u></u>
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_State Performance Measure #3
Field Name: SM3
Row Name:
Column Name:
Year: 2009
Field Note:
 This data is from Nevada's preliminary 2009 BRFSS report.
- Section Number:** Form11_State Performance Measure #3
Field Name: SM3
Row Name:
Column Name:
Year: 2008
Field Note:
 This data is from Nevada's preliminary 2008 BRFSS report.
- Section Number:** Form11_State Performance Measure #3
Field Name: SM3
Row Name:
Column Name:
Year: 2007
Field Note:
 This data is from Nevada's preliminary 2007 BRFSS report.

STATE PERFORMANCE MEASURE # 6 - REPORTING YEAR

Decrease the percent of children and youth ages birth through 18 who die from unintentional injuries.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective		5	5	5	5
Annual Indicator	10.9	14.0	10.6	9.3	9.3
Numerator	73	98	77	68	68
Denominator	667,830	697,715	723,176	728,603	728,603
Data Source				ICD10 codes	ICD10codes
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	<u>5</u>	<u>5</u>	<u>5</u>	<u>5</u>	<u> </u>
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #6

Field Name: SM6

Row Name:

Column Name:

Year: 2009

Field Note:

The data entered is from 2008. ICD codes were not available for 2009. The data is preliminary. Data will be available in December, 2010.

2. **Section Number:** Form11_State Performance Measure #6

Field Name: SM6

Row Name:

Column Name:

Year: 2008

Field Note:

This question is for unintentional injuries only. ICD-10 codes V01-X59, and Y85-Y86 listed as the underlying cause of death were used to compile the data.

The data is preliminary. The data will be available in December, 2010.

3. **Section Number:** Form11_State Performance Measure #6

Field Name: SM6

Row Name:

Column Name:

Year: 2007

Field Note:

Data is preliminary and will be available in December, 2010.

This question is for unintentional injuries only. ICD-10 codes V01-X59, and Y85-Y86 listed as the underlying cause of death were used to compile the data.

STATE PERFORMANCE MEASURE # 9 - REPORTING YEAR

Increase the number of schools (grades kindergarten to high school) that have access to a school based health center.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective					10
Annual Indicator					
Numerator					
Denominator					
Data Source				CIS data	
Is the Data Provisional or Final?				Provisional	

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	10	15	15	20	
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #9

Field Name: SM9

Row Name:

Column Name:

Year: 2009

Field Note:

Will be revised next yer.

2. **Section Number:** Form11_State Performance Measure #9

Field Name: SM9

Row Name:

Column Name:

Year: 2008

Field Note:

This is a NEW performance measure and will have data next year. We project 10% increase in the number of school-based health centers (right now there are 7 in the state). Approximately 1.5 added per year to start. partner with Communities In Schools- Louise Helton for data

Two sources: Communities in Schools (<http://cisnevada.org/>) and Nevada Health Centers (<http://www.nvrhc.org/sbhc.cfm>) . These are the two main entities that run school based health centers in Nevada. The Nevada State College staffs the school based health center at Basic High School in Henderson.

3. **Section Number:** Form11_State Performance Measure #9

Field Name: SM9

Row Name:

Column Name:

Year: 2007

Field Note:

Clark County is the only county in Nevada that has schools with SBHC. Currently only 3 elementary schools are equipped with these centers. We currently are awaiting for the # of children k-6 who are enrolled in school based health centers (numerator). Some of these centers have only been in operation for 6 months because they were lacking medical directors. Therefore, we do not have reliable data to report for the numerator.

The denominator is 148,773. This data came from NV Annual Reports of Accountability provided by NV Dept of Education.

STATE PERFORMANCE MEASURE # 11 - REPORTING YEAR

Reduce the prevalence of Fetal Alcohol Spectrum Disorders (FASD).

<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008
Annual Performance Objective				35
Annual Indicator			346.7	463.2
Numerator			26	63
Denominator			75	136
Data Source				Birth Outcomes Monitoring Data
Is the Data Provisional or Final?				Provisional

*see notes

<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013
Annual Performance Objective	30	28	25	23
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.			
Numerator				
Denominator				

Field Level Notes**1. Section Number:** Form11_State Performance Measure #11**Field Name:** SM11**Row Name:****Column Name:****Year:** 2009**Field Note:**

Review of a performance measure that staff have the capacity to collect and shows efforts taking place in Nevada is under review. Therefore no data is available. Expect data collection and measure to be revised.

2. Section Number: Form11_State Performance Measure #11**Field Name:** SM11**Row Name:****Column Name:****Year:** 2008**Field Note:**

The initiative that started last year continued in the north. This represents a total year's data collected in northern Nevada and analyzed by Children's Research Triangle, Chicago.

Indicator should be .3467- program defaults to this number.

FASD is now refined into

FAS1 fetal alcohol syndrome

FAS3- partial FAS,

FAS5- ARND alcohol related neurological disorders

2008 includes Reno clinic, Clark clinic + EIS clinic FASD data

3. Section Number: Form11_State Performance Measure #11**Field Name:** SM11**Row Name:****Column Name:****Year:** 2007**Field Note:**

This initiative started May 19,2008. Data is for 6 weeks.

Indicator should be .3467- program defaults to this number.

Indicator is Reno-Mojave only.

STATE PERFORMANCE MEASURE # 12 - REPORTING YEAR

Increase the timeliness of Newborn Hearing Diagnosis to 3 months of age.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective					10
Annual Indicator					70.7
Numerator					41
Denominator					58
Data Source				NB hearing database	NB hearing database
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	15	15	20	10	
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #12**Field Name:** SM12**Row Name:****Column Name:****Year:** 2008**Field Note:**

This is a NEW performance measure. Will have data next year from the Newborn Hearing database

STATE PERFORMANCE MEASURE # 13 - REPORTING YEAR

Increase the percentage of children screened for age-appropriate developmental skills and behavioral health levels.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective					15
Annual Indicator			0.7	0.6	0.9
Numerator			1,047	928	1,397
Denominator			156,514	157,688	157,688
Data Source				EIS data	EIS data
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	15	10	10	10	
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #13**Field Name:** SM13**Row Name:****Column Name:****Year:** 2009**Field Note:**

2008 population was entered for 2009 population due to the state demographer's numbers being unavailable.

2. Section Number: Form11_State Performance Measure #13**Field Name:** SM13**Row Name:****Column Name:****Year:** 2008**Field Note:**

This is a NEW performance measure, will collect data from Early Intervention screening initiative

STATE PERFORMANCE MEASURE # 14 - REPORTING YEAR

Decrease the percentage of at-risk for overweight and overweight children in Nevada public schools.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective					22
Annual Indicator			23.2	23.2	24.4
Numerator					476
Denominator					1,951
Data Source				YRBS	YRBS
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	22	22	22	22	
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #14**Field Name:** SM14**Row Name:****Column Name:****Year:** 2009**Field Note:**

YRBS is done every other year, thus data for 2009 is available in CY 2010.

The performance measure on the block grant form reads "Decrease the percentage of at-risk for overweight and overweight children in Nevada." we believe it should read "...overweight and obese...."

The YRBS survey at: <http://apps.nccd.cdc.gov/youthonline/App/Default.aspx> gives percentages and total respondents (the denominator) so you can determine the numerator by multiplying the percent times the total respondents.

Over weight = 13.4 percent and the denominator is 1,951;

The numerator is .134 X 1,951 = 261.4

Obese = 11.0% with the same denominator - 1,951.

The numerator is .110 X 1,951 = 214.6

Adding the two numerators together = 214.6 + 261.4 = 476

Therefore, to fill out the block grant form we used 476 as the numerator and 1951 as the denominator and the percent will automatically be calculated at (476 / 1951) X100 = 24.4%

2. Section Number: Form11_State Performance Measure #14**Field Name:** SM14**Row Name:****Column Name:****Year:** 2008**Field Note:**

State Performance Measure #14

Data for 2008 is not available because the YRBS is done every other year. Data for 2009 will be available in CY 2010.

A) AB354 passed in 2007 requiring "each school district shall conduct examinations of height and weight of a representative sample of pupils in at least one grade of the:

(a) Elementary schools within the school district;

(b) Middle schools or junior high schools within the school district; and

(c) High schools within the school district,"

NSHD's Chief Biostatistician, Alicia Hanson, is responsible for computing BMI and compiling school district data. This data collection is done annually. In 2007-2008, 4th, 7th and 10th grades were sampled.

B) Related, the Youth Risk Behavior Survey asks about how survey takers feel about their weight and health habits related to trying to lose weight.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]
STATE: NV

Form Level Notes for Form 12

Years <=2006 did not correctly compute perinatal death.

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective	6	6	6	6	6
Annual Indicator	5.6	6.5	6.3	5.3	4.7
Numerator	209	262	260	207	172
Denominator	37,259	40,006	41,175	38,777	36,847
Data Source				vital stats/ death certs	vital stats/ death certs
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data					
	2010	2011	2012	2013	2014
Annual Performance Objective	6	6	6	6	6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2009

Field Note:

Data is preliminary and will be available in December of 2010.

2. Section Number: Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2008

Field Note:

Data is preliminary, data should be available in December of 2010.

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	2	2	1.5	1.5	1.4
Annual Indicator	2.9	2.5	1.9	1.9	1.9
Numerator	13.4	16	12.5	12.5	12.5
Denominator	4.6	6.4	6.6	6.6	6.6

Data Sourcevital stats/ death
certvital stats/ death
cert

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	1.4	1.4	1.4	1.4	1.4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form12_Outcome Measure 2**Field Name:** OM02**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data entered for 2009 is from 2007. Data is preliminary and may be available in December, 2010.

OM#2 Death data regarding race/ethnicity is not available at this time due to the conversion of paper to electronic files for 2008.

2. Section Number: Form12_Outcome Measure 2**Field Name:** OM02**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data entered for 2008 is from 2007. Data is preliminary and may be available in December, 2010.

OM#2 Death data regarding race/ethnicity is not available at this time due to the conversion of paper to electronic files for 2008.

3. Section Number: Form12_Outcome Measure 2**Field Name:** OM02**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data is preliminary and may be available in December, 2010.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	3.2	3.1	3	3	3
Annual Indicator	3.3	4.3	4.0	3.3	3.4
Numerator	123	174	165	127	124
Denominator	37,259	40,006	41,175	38,777	36,847

Data Sourcevital stats/ death
certsvital stats/ death
certs

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	3	3	3	3	3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes1. **Section Number:** Form12_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data is preliminary and should be available in December of 2010.

2. **Section Number:** Form12_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data is preliminary and should be available in December of 2010.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	2.2	2.2	2.1	2	2
Annual Indicator	2.3	2.2	2.3	2.1	1.3
Numerator	86	88	95	80	48
Denominator	37,259	40,006	41,175	38,777	36,847

Data Sourcevital stats/ death
certsvital stats/ death
certs

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	2	2	2	2	2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes1. **Section Number:** Form12_Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data is preliminary and should be available in December of 2010.

2. **Section Number:** Form12_Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data is preliminary and should be available in December of 2010.

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	9	8	8	8	8
Annual Indicator	10.4	10.8	5.7	5.1	4.8
Numerator	389	433	229	212	188
Denominator	37,522	40,265	40,106	41,291	38,866
Data Source				vital stats/ death certs	vital stats/ death certs
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	8	8	8	8	8
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2009

Field Note:

Data entered for 2009 is from 2008.

OM#2 Death data regarding race/ethnicity is not available at this time due to the conversion of paper to electronic files for 2008. Data for 2009 will be available in December, 2010.

2. **Section Number:** Form12_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2008

Field Note:

Numbers are different because we added neonatal deaths instead of less than 7 days. Data is preliminary, it will be available in December, 2010.

OM#5 Preliminary. Fetal Deaths include clinical gestation ≥ 20 weeks instead of ≥ 28 weeks.

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

Annual Objective and Performance Data

	2005	2006	2007	2008	2009
Annual Performance Objective	18	17	17	16	16
Annual Indicator	22.9	34.7	26.7	20.0	14.5
Numerator	112	177	141	99	77
Denominator	488,529	510,349	529,028	495,366	532,620

Data Source

vital stats/ death
certs

vital stats/ death
certs

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2010	2011	2012	2013	2014
Annual Performance Objective	16	16	16	16	16
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2009

Field Note:

The data is preliminary and will be available in December of 2010.

The July 1, 2009 population used in the denominator was from the Census.

2. **Section Number:** Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2008

Field Note:

Population for 2008 came from file #2 located at this website <http://www.census.gov/population/www/projections/projectionsagesex.html>

3. **Section Number:** Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2007

Field Note:

The Interim 2007 Population Estimates are based on 2005 Population Estimates provided by the Nevada State Demographer on June 2006. The interim 2007 population were updated on July 2008 by the Nevada State Health Division, Office of Health Statistics and Surveillance.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]
STATE: NV

Form Level Notes for Form 12

Years <=2006 did not correctly compute perinatal death.

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: NV

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

2

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

1

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

2

4. Family members are involved in service training of CSHCN staff and providers.

1

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

0

6. Family members of diverse cultures are involved in all of the above activities.

1

Total Score: 7

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

1. **Section Number:** Form13_Main
Field Name: Question1
Row Name: #1. Family members participate on advisory committee or task forces...
Column Name:
Year: 2011
Field Note:
Families and parents participate on the MCH Advisory Board and the CYSHCN board.
2. **Section Number:** Form13_Main
Field Name: Question3
Row Name: #3. Family members are involved in the Children with Special Health Care Needs...
Column Name:
Year: 2011
Field Note:
Committee members include parents and are invited to the needs assessment focus groups and to review the block grant at meetings.

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: NV FY: 2011

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Increase access to primary care services, providers, facilities, resources, and payor sources among the MCH populations.
2. Increase access to oral health services, providers, facilities, resources, and payor sources among the MCH populations.
3. Increase access to mental health services, providers, facilities, resources, and payor sources among the MCH populations.
4. Create a unified data system and surveillance system to monitor services delivered to the MCH populations.
5. Create "braided" services for CSHCN resources in Nevada including "one-stop-shopping" and "no-wrong-door" models or service delivery.
6. Increase financial coverage and decrease financial gaps for health services among the MCH populations.
7. Decrease the incidence of domestic violence among women of child-bearing age.
8. Decrease the risk factors associated with obesity for children and women
9. Decrease unintentional injuries among the MCH populations.
- 10.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: NV

APPLICATION YEAR: 2011

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Nevada's Technical Assistance and Training Center on Autism needs assistance with standards for care coordination, materials and strategies for rural and hard to reach populations, culturally diverse populations, engagement of advisory groups.	Need strategies for this new position and how it effects CYSHCN	Association of Maternal Child Health Programs State Public Health Coordinating Center for Autism (STHCCA)
2.	State Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> 9 </u>	developing a partner-driven strategic 5-year plan	Need for a preventative comprehensive plan for addressing substance abuse in women of child bearing age	unknown
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the			

	measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: NV

SP(Reporting Year) # 1

PERFORMANCE MEASURE:

Increase the percent of women of child-bearing age who receive screening and assistance for domestic violence.

STATUS:

Active

GOAL

To increase domestic violence screening and assistance among women of childbearing age.

DEFINITION

The percent of the number of women who received screening for domestic violence to the number of women of childbearing age in Nevada.

Numerator:

Number of women of childbearing age (age 15-44) who receive screening and assistance from a domestic violence shelter/agency in a year.

Denominator:

Number of women of childbearing age in the state during the year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

State Domestic Violence Network, State Physician Survey, Bureau of Health Planning and Vital Statistics, other domestic violence partners, police data, clinics and county health department. Data will primarily come from domestic violence shelters/agencies and contracts with the bureau for MCH services.

SIGNIFICANCE

Universal screening will promote greater awareness, knowledge, intervention, and prevention services to women and providers, as well as provide indicators for child abuse and neglect screening.

SP(Reporting Year) # 2

PERFORMANCE MEASURE:	Increase the rate of significant Medicaid dental providers to the Medicaid population of children, youth and pregnant women.
STATUS:	Active
GOAL	The goal is to increase the number of Dentists and other dental providers who will see the Medicaid population.
DEFINITION	<p>The ratio of the number of dentists who will accept Medicaid to the Medicaid population.</p> <p>Numerator: The number of oral health services providers received payment of \$1,000 or more from the Medicaid during the year.</p> <p>Denominator: The number of children, youth and women of childbearing age in the Medicaid population during the year.</p> <p>Units: 1000 Text: Rate</p>

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES	Data comes from Medicaid, with the numerator being the number of dentists who received at least \$1,000 in payments in the reporting year, and the denominator the number of clients in the cohort.
SIGNIFICANCE	Access to dental care is a chronic issue for Nevada's Medicaid population. This measure addresses increasing access.

SP(Reporting Year) # 3

PERFORMANCE MEASURE:

Decrease the percent of women, ages 18 to 44, who are obese.

STATUS:

Active

GOAL

Reduce the percent of obese women in Nevada.

DEFINITION

The number of women in Nevada aged 18 -44 that are obese divided by the number of women in Nevada aged 18-44.

Numerator:

Women ages 18 to 44 in the Behavioral Risk Factor Surveillance System (BRFSS) with Body Mass Index (BMI) greater than 30.

Denominator:

All women ages 18 to 44 in the Behavioral Risk Factor Surveillance System (BRFSS).

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Behavioral Risk Factor Surveillance System (BRFSS)

SIGNIFICANCE

Obesity leads to chronic diseases and early mortality.

PERFORMANCE MEASURE:	Decrease the percent of children and youth ages birth through 18 who die from unintentional injuries.
STATUS:	Active
GOAL	To reduce the number of children in Nevada from birth through 18 who died from an unintentional injury.
DEFINITION	<p>Number of children from birth through 18 who died from an unintentional injury divided by the children from birth through 18 population per 100,000.</p> <p>Numerator: The number of children in Nevada from birth through 18 who died from an unintentional injury.</p> <p>Denominator: The number of children in Nevada from birth through 18 years of age.</p> <p>Units: 100000 Text: Rate</p>

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES	Injury prevention database, Bureau of Health Planning and Vital Statistics and the State Demographers Office.
SIGNIFICANCE	Reducing the number of deaths from unintentional injuries in children will increase the quality of life for children and families. This is a population based and infrastructure-building services measure.

PERFORMANCE MEASURE:

Increase the number of schools (grades kindergarten to high school) that have access to a school based health center.

STATUS:

Active

GOAL

Increase the number of children kindergarten through grade six who have access to health care on the school campus.

DEFINITION

Percent of children with access to number of children in grades kindergarten - grade six in Clark County.

Numerator:

Number of children k-6 in Clark County enrolled in school based health centers

Denominator:

Number of children k-6 enrolled in Clark County School District.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

The data will come from the school based health centers and the Department of Education.

SIGNIFICANCE

Placing school based health clinics in schools that can address the health needs of the school population has been demonstrated to increase academic success while taking care of student health needs.

PERFORMANCE MEASURE:

Reduce the prevalence of Fetal Alcohol Spectrum Disorders (FASD).

STATUS:

Active

GOAL

Reduce the prevalence of Fetal Alcohol Spectrum Disorders (FASD).

DEFINITION

The prevalence at birth of fetal alcohol spectrum disorders.

Numerator:

Number of reported cases of Fetal Alcohol Spectrum Disorders (FASD) during a consecutive three-year time period.

Denominator:

Total number of Nevada-resident live births during a consecutive three-year time period.

Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

Relates to Reduce Fetal Alcohol Syndrome (FAS). This is a developmental objective.

DATA SOURCES AND DATA ISSUES

DATA SOURCE AND DATA ISSUES Nevada Bureau of Vital Statistics is the reporting source for the number of live births. Data on the number of children born with Fetal Alcohol Spectrum Disorders will be provided from several sources including reports based on the ICD-9 code 760.71 to the Nevada Birth Outcomes Monitoring System (formerly called Birth Defects Registry) and the FASD diagnostic clinics in Reno and Las Vegas. Due to the small number of annual events that occur in Nevada rates are presented in three-year moving averages.

SIGNIFICANCE

Fetal Alcohol Spectrum Disorders are 100% preventable if a woman does not consume alcoholic beverages during pregnancy. The need for early identification of children with FASDs maximizes opportunities for more successful outcomes. In 2008 in Nevada there were 39,186 babies born. The prevalence of FAS is estimated to be between 0.5 and 2 per 1,000 births nationally projecting Nevada's prevalence anywhere from 160 to 760 with babies are born each year with effects of maternal drinking during pregnancy that may fall across the FASD continuum.

PERFORMANCE MEASURE:

Increase the timeliness of Newborn Hearing Diagnosis to 3 months of age.

STATUS:

Active

GOAL

To reduce the morbidity associated with hearing impairment by ensuring that children are identified with this condition as early as possible and receive needed treatment or other intervention in a family-centered and timely manner. Receiving diagnosis by three months of age requires audiology capacity and the shortage is what the Nevada Title V and Hands & Voices partnership will address.

DEFINITION

The number of infants who receive a diagnosis as defined in the numerator divided by the number who failed the hearing screen

Numerator:

Number of infants receiving a diagnosis before 3 months of age.

Denominator:

Number of infants whose newborn hearing screen warrants need for follow-up screening/diagnostic testing

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

28 general and 28-13

28 Improve the visual and hearing health of the Nation through prevention, early detection, treatment, and rehabilitation. 28-13 (Developmental) Increase access by persons who have hearing impairments to hearing rehabilitation services and adaptive devices, including hearing aids, cochlear implants, or tactile or other assistive or augmentative devices.

28-14 to 28-17

Developmental) Increase the proportion of persons who have had a hearing examination on schedule. Developmental)

Increase the number of persons who are referred by their primary care physician for hearing evaluation and treatment.

Developmental) Increase the use of appropriate ear protection devices, equipment, and practices. Developmental) Reduce noise-induced hearing loss in children and adolescents aged 17 years and under.

DATA SOURCES AND DATA ISSUES

Newborn Hearing Screening Program's data system, electronic birth records, Nevada Early Intervention Services data, and other follow-up data received from clinical evaluations

SIGNIFICANCE

While Nevada's Universal newborn hearing screening program is successful with initial screening; follow-up and diagnosis is a challenge. Speciality providers shortages contribute to the need for improvement in this area. Early identification and intervention have lifelong implications for the child's understanding and use of language.

PERFORMANCE MEASURE:

Increase the percentage of children screened for age-appropriate developmental skills and behavioral health levels.

STATUS:

Active

GOAL

To increase the percentage of children screened for age-appropriate developmental skills and behavioral health levels for early identification of conditions and referral for treatment.

DEFINITION

The number of children, ages 18 months through 48 months, who are screened for age-appropriate developmental skills and social/emotional developmental levels.

Numerator:

The number of children, ages 18 months through 48 months, who are screened for age-appropriate developmental skills and social/emotional developmental levels using the Ages and Stages Questionnaire® and behavioral health screening using the Ages and Stages Questionnaire®: Social-Emotional (ASQ:SE) and autism vulnerability using the Modified Checklist for Autism in Toddlers (M-CHAT).

Denominator:

The number of children, ages 18 months through 48 months.

Units: 100 **Text:** Percent**HEALTHY PEOPLE 2010 OBJECTIVE**

18-7

Increase the proportion of children with autism spectrum disorders who receive treatment.

DATA SOURCES AND DATA ISSUES

Initial data collection will be for Early Intervention children 18 to 30 months who have autism and developmental screening. Encourage providers moving to electronic records to report screenings. In the future, we will be offering the ASQ 3 & SE Online Multisite program and this will increase capacity to collect data for this performance measure. In the long-term strive to collect statewide data reported by agencies who perform screenings for young children using the Ages and Stages Questionnaire®, Ages and Stages Questionnaire®: Social-Emotional (ASQ:SE) and the Modified Checklist for Autism in Toddlers (M-CHAT). These questionnaires/screening tools assess children's developmental skills, social-emotional development, and vulnerability for autism spectrum disorders at 18, 24, 30, 36, 48 months.

SIGNIFICANCE

Early identification of young children with autism spectrum disorders is a growing concern for Nevada. With the formation of the Governor's Commission on Autism Spectrum Disorders beginning FY 2009, the Nevada State Health Division is committed to building state capacity to provide screening, diagnostic and treatment services for young children with autism spectrum disorders.

PERFORMANCE MEASURE:	Decrease the percentage of at-risk for overweight and overweight children in Nevada public schools.
STATUS:	Active
GOAL	Decrease the percentage of at-risk for overweight and overweight children in Nevada public schools.
DEFINITION	Body Mass Index at or above 85%. Numerator: All kids in NV public schools with a Body Mass Index (BMI) equal to 85% and above. Denominator: All kids in NV public schools Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES	Youth risk Behavior Survey Data from Nevada Legislation AB354
SIGNIFICANCE	Decreasing obesity in youth improves health and well-being saves limited healthcare resources.

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: NV

Form Level Notes for Form 17

None

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>46.4</u>	<u>34.6</u>	<u>34.3</u>	<u>42.2</u>	<u>42.2</u>
Numerator	<u>833</u>	<u>648</u>	<u>667</u>	<u>826</u>	<u>826</u>
Denominator	<u>179,563</u>	<u>187,271</u>	<u>194,467</u>	<u>195,925</u>	<u>195,925</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. Section Number: Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2009

Field Note:

Data entered is from 2008. Data will be available in December 2010.

2. Section Number: Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2008

Field Note:

ICD-9 codes 493-493.9 listed in any of the diagnosis fields were used to compile the hospital discharge data. Age 0-4.

3. Section Number: Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2007

Field Note:

ICD-9 codes 493-493.9 listed in any of the diagnosis fields were used to compile the hospital discharge data. Age 0-4.

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>73.9</u>	<u>97.8</u>	<u>93</u>	<u>93.0</u>	<u>94.6</u>
Numerator	<u>10,917</u>	<u>15,765</u>	<u></u>	<u>15,852</u>	<u>16,412</u>
Denominator	<u>14,775</u>	<u>16,125</u>	<u></u>	<u>17,045</u>	<u>17,346</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2009

Field Note:

Data is for federal fiscal year 2009.

To avoid additional duplications between HMOs, Anthem's information was not included in this report as all members were moved to another HMO.

*416 Caveat: Please note the number of screenings given to newborns on Line 11 exceeds the number of eligibles entered on Line 1. There are several factors contributing to this anomaly, the most significant being the number of newborns enrolled in both of Fee For Service population and one (or more) HMOs during the same fiscal year. In fact, we found that 40% of our newborns met this condition.

2. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2008

Field Note:

See the note for 2007. The systems change is not yet in place. This is an estimate based on last years's actuals. The total number of children under one is 17045.

3. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2007

Field Note:

The data is from Medicaid. The numerator is higher than the denominator because Medicaid has to combine four different data sources to get "patient level" data (Health Plan of Nevada, Anthem ,Nevada Care, and FFS). There are duplicates between the data sources since Medicaid does not require lock-in enrollment period. (i.e. members can bounce between HMOs and FFS from month to month).

Medicaid has no way yet of tracking the duplicates.

The denominator is an unduplicated count directly from Medicaid payment system.

Because percentage is over 100, system does not allow us to input the data so the true counts are listed below:

%= 108.3%

numerator: 17,813

denominator: 16,451

It is the expectation to get a unduplicated number by fall 2008. DHCFP is currently involved in an initiative to import encounter records data from their HMO participants into their claims payment and data warehousing systems. The project is scheduled for completion by fall 2008.

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>91.7</u>	<u>39.5</u>	<u>65.9</u>	<u>82.4</u>	<u>82.4</u>
Numerator	<u>881</u>	<u>456</u>	<u>1,271</u>	<u>319</u>	<u>319</u>
Denominator	<u>961</u>	<u>1,153</u>	<u>1,930</u>	<u>387</u>	<u>387</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2009

Field Note:

Data is for federal fiscal year 2009.

To avoid additional duplications between HMOs, Anthem's information was not included in this report as all members were moved to another HMO.

416 Caveat: Please note the number of screenings given to newborns on Line 11 exceeds the number of eligibles entered on Line 1. There are several factors contributing to this anomaly, the most significant being the number of newborns enrolled in both of Fee For Service population and one (or more) HMOs during the same fiscal year. In fact, we found that 40% of our newborns met this condition.

2. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2008

Field Note:

Entered federal fiscal year 2009 data.

CMS 416 for SCHIP data will be available this fall.

3. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2007

Field Note:

This data came from Nevada Check Up

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>69.1</u>	<u>68.6</u>	<u>67.1</u>	<u>67.8</u>	<u>67.8</u>
Numerator	<u>25,667</u>	<u>27,343</u>	<u>27,550</u>	<u>26,207</u>	<u>26,207</u>
Denominator	<u>37,133</u>	<u>39,876</u>	<u>41,041</u>	<u>38,642</u>	<u>38,642</u>

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2009

Field Note:

Data entered is from 2008.

Due to the data being half electronic and half hard copy, and a change in birth certificate, the syntax had to be recoded to recheck Kotelchuck Index. The data may be available in December of 2010.

2. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2008

Field Note:

Data is preliminary, will be available in December 2010.

HEALTH SYSTEMS CAPACITY MEASURE # 07A

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>30.8</u>	<u>78.4</u>	<u>38.4</u>	<u>36.6</u>	<u>97.6</u>
Numerator	<u>43,250</u>	<u>151,261</u>	<u>59,161</u>	<u>59,747</u>	<u>167,240</u>
Denominator	<u>140,403</u>	<u>193,011</u>	<u>154,025</u>	<u>163,407</u>	<u>171,267</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes**1. Section Number:** Form17_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2009**Field Note:**

The data is for federal fiscal year 2009.

Numerator was obtained by combining HMO & FSS totals, duplicate may exist. The denominator was obtained through DSS and has no duplicates. Medicaid does not track potential eligibility, only eligibles. Data from the HMOs did not include Anthem's totals from the first quarter of the fiscal year.

2. Section Number: Form17_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2008**Field Note:**

HEALTH SYSTEMS CAPACITY INDICATOR #7A

This refers to question 10 on the MCH Report is answered by dividing CMS 416 question 4 by question 3.

3. Section Number: Form17_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2007**Field Note:**

HEALTH SYSTEMS CAPACITY INDICATOR #7A

This refers to question 10 on the MCH Report is answered by dividing CMS 416 question 4 by question 3.

HEALTH SYSTEMS CAPACITY MEASURE # 07B

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>26.3</u>	<u>29.7</u>	<u>35.2</u>	<u>41.8</u>	<u>54.5</u>
Numerator	<u>7,569</u>	<u>8,638</u>	<u>10,078</u>	<u>12,755</u>	<u>20,006</u>
Denominator	<u>28,746</u>	<u>29,040</u>	<u>28,670</u>	<u>30,527</u>	<u>36,700</u>

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes**1. Section Number:** Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2009

Field Note:

The data is for federal fiscal year 2009.

Data is from the CMS 416.

2. Section Number: Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2008

Field Note:

This data came from question #1 on the CMS 416 report.

3. Section Number: Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2007

Field Note:

data provided by Medicaid

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>20.8</u>	<u>19.0</u>	<u>0.4</u>	<u>0.4</u>	<u>0.3</u>
Numerator	<u>1,054</u>	<u>1,044</u>	<u>22</u>	<u>22</u>	<u>19</u>
Denominator	<u>5,077</u>	<u>5,486</u>	<u>5,674</u>	<u>5,674</u>	<u>5,901</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2009

Field Note:

PLEASE REVISE with a note explaining these numbers, as these NUMBERS DON'T LOOK RIGHT!!!

2. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2007

Field Note:

The number served is from the Bureau of Early Intervention Services, which is where the CSHCN program serves those on SSI (0-3 yrs old), through early intervention and the multidisciplinary clinics. The denominator is from the U.S. Social Security Administration Office of Policy, SSI Recipients by State and County 2007 for children.

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: NV

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (< 2,500 grams)</i>	2008	Other	<u>8</u>	<u>8</u>	<u>16</u>
b) <i>Infant deaths per 1,000 live births</i>	2008	Other	<u>6</u>	<u>5.3</u>	<u>11.3</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2008	Other	<u>10.2</u>	<u>69.4</u>	<u>79.6</u>
d) <i>Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2008	Other	<u>10</u>	<u>67.8</u>	<u>77.8</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)
STATE: NV

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2009	<div style="text-align: right;">133</div>
b) <i>Medicaid Children</i> (Age range <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">1</div> to <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">6</div>) (Age range <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">7</div> to <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">18</div>) (Age range <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;"></div> to <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;"></div>)	2009	<div style="text-align: right;">133</div> <div style="text-align: right;">100</div> <div style="text-align: right;"></div>
c) <i>Pregnant Women</i>	2009	<div style="text-align: right;">133</div>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)
STATE: NV

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>	2009	<div style="text-align: right;">200</div>
b) <i>Medicaid Children</i> (Age range <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">1</div> to <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;">18</div>) (Age range <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;"></div> to <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;"></div>) (Age range <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;"></div> to <div style="display: inline-block; width: 40px; border-bottom: 1px solid black; text-align: center;"></div>)	2009	<div style="text-align: right;">200</div> <div style="text-align: right;"><div style="border-bottom: 1px solid black; width: 40px;"></div></div> <div style="text-align: right;"><div style="border-bottom: 1px solid black; width: 40px;"></div></div>
c) <i>Pregnant Women</i>	2009	<div style="text-align: right;">200</div>

FORM NOTES FOR FORM 18

Form 18 number 6 Medicaid and SCHIP data is for federal fiscal year 2009.

Information was obtained through DWSS & Nevada Checkup.

FIELD LEVEL NOTES

1. **Section Number:** Form18_Indicator 05

Field Name: LowBirthWeight

Row Name: Percent of ow birth weight (<2,500 grams)

Column Name:

Year: 2011

Field Note:

Medicaid data is for FFY 09 & Non-Medicaid data is CY 08.

Used counts from Medicaid and non-medicaid. We did not match data files and payment sources is not on birth certificate.

2. **Section Number:** Form18_Indicator 05

Field Name: InfantDeath

Row Name: Infant deaths per 1,000 live births

Column Name:

Year: 2011

Field Note:

Medicaid data is for FFY 09 & Non-Medicaid data is CY 08.

Used counts from Medicaid and non-medicaid. We did not match data files and payment sources is not on birth certificate.

3. **Section Number:** Form18_Indicator 05

Field Name: CareFirstTrimester

Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester

Column Name:

Year: 2011

Field Note:

Medicaid data is for FFY 09 & Non-Medicaid data is CY 08.

Used counts from Medicaid and non-medicaid. We did not match data files and payment sources is not on birth certificate.

4. **Section Number:** Form18_Indicator 05

Field Name: AdequateCare

Row Name: Percent of pregnant women with adequate prenatal care

Column Name:

Year: 2011

Field Note:

Medicaid data is for FFY 09 & Non-Medicaid data is CY 08.

Used counts from Medicaid and non-medicaid. We did not match data files and payment sources is not on birth certificate.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: NV

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	2	Yes
Annual linkage of birth certificates and WIC eligibility files	1	No
Annual linkage of birth certificates and newborn screening files	3	Yes
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	2	Yes
Annual birth defects surveillance system	3	Yes
Survey of recent mothers at least every two years (like PRAMS)	1	No

*Where:
1 = No, the MCH agency does not have this ability.
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: NV

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Other:		

*Where:
1 = No
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

1. **Section Number:** Form19_Indicator 09A
- Field Name:** RecentMother
- Row Name:** Survey of recent mothers at least every two years (like PRAMS)
- Column Name:**
- Year:** 2011
- Field Note:**
- Pilot PRAMS will begin in summer of 2010.

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: NV

Form Level Notes for Form 20

None

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>8.3</u>	<u>8.3</u>	<u>8.2</u>	<u>8.0</u>	<u>8.0</u>
Numerator	<u>3,083</u>	<u>3,335</u>	<u>3,391</u>	<u>3,112</u>	<u>2,950</u>
Denominator	<u>37,259</u>	<u>40,006</u>	<u>41,175</u>	<u>38,777</u>	<u>36,847</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2009

Field Note:

Data for 2009 is preliminary. Data will be available in March 2011.

2. **Section Number:** Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2008

Field Note:

Data for 2008 is preliminary. Data will be available in December 2010.

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

		Annual Indicator Data			
	2005	2006	2007	2008	2009
Annual Indicator	<u>6.3</u>	<u>6.4</u>	<u>6.5</u>	<u>6.3</u>	<u>6.4</u>
Numerator	<u>2,360</u>	<u>2,488</u>	<u>2,597</u>	<u>2,375</u>	<u>2,309</u>
Denominator	<u>37,259</u>	<u>38,756</u>	<u>39,895</u>	<u>37,597</u>	<u>35,811</u>
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data for 2009 is preliminary. Data will be available in March 2011.

2. Section Number: Form20_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data for 2008 is preliminary. Data will be available in December 2010.

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	1.3	1.4	1.3	1.3	1.2
Numerator	478	544	533	490	454
Denominator	37,259	40,006	41,175	38,777	36,847

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data for 2009 is preliminary. Data will be available in March 2011.

2. Section Number: Form20_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data for 2008 is preliminary. Data will be available in December 2010.

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

		Annual Indicator Data			
	2005	2006	2007	2008	2009
Annual Indicator	<u>1.0</u>	<u>1.0</u>	<u>1.1</u>	<u>1.0</u>	<u>1.0</u>
Numerator	<u>365</u>	<u>397</u>	<u>420</u>	<u>363</u>	<u>362</u>
Denominator	<u>37,259</u>	<u>38,756</u>	<u>39,895</u>	<u>37,597</u>	<u>35,811</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data for 2009 is preliminary. Data will be available in March 2011.

2. Section Number: Form20_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data for 2008 is preliminary. Data will be available in December 2010.

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>9.3</u>	<u>11.1</u>	<u>10.0</u>	<u>8.4</u>	<u>8.4</u>
Numerator	<u>49</u>	<u>61</u>	<u>57</u>	<u>48</u>	<u>48</u>
Denominator	<u>526,084</u>	<u>549,579</u>	<u>569,703</u>	<u>573,966</u>	<u>573,966</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2009

Field Note:

ICD10 Codes are not available at this time for 2009. Data entered was for 2008. The data may be available later in December 2010.

2. Section Number: Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2008

Field Note:

Data is preliminary, data will be available December 2010. ICD-10 codes V01-X59 and Y85-86 listed as the underlying cause of death were used to compile the data.

3. Section Number: Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2007

Field Note:

Data is preliminary, data will be available December 2010. ICD-10 codes V01-X59 and Y85-86 listed as the underlying cause of death were used to compile the data.

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>4.6</u>	<u>3.3</u>	<u>2.3</u>	<u>2.4</u>	<u>2.4</u>
Numerator	<u>24</u>	<u>18</u>	<u>13</u>	<u>14</u>	<u>14</u>
Denominator	<u>526,084</u>	<u>549,579</u>	<u>569,703</u>	<u>573,966</u>	<u>573,966</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2009

Field Note:

ICD10 Codes are not available at this time for 2009. Data was entered from 2008. The data may be available later in December 2010.

2. Section Number: Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2008

Field Note:

Data is preliminary, data will be available in December 2010.

Motor vehicle (traffic related) ICD-10 codes V02-V04 (.1-.9), V09.2, V12-V14 (.3-.9), V19 (.4-.6), V20-V28 (.3-.9), V29-V79 (.4-.9), V80 (.3-.5), V81.1, V82.1, V83-V86 (.0-.3), V87 (.0-.8) and V89.2 listed as the underlying cause of death were used to compile the data.

3. Section Number: Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2007

Field Note:

Data is preliminary, data will be available in December 2010.

Motor vehicle (traffic related) ICD-10 codes V02-V04 (.1-.9), V09.2, V12-V14 (.3-.9), V19 (.4-.6), V20-V28 (.3-.9), V29-V79 (.4-.9), V80 (.3-.5), V81.1, V82.1, V83-V86 (.0-.3), V87 (.0-.8) and V89.2 listed as the underlying cause of death were used to compile the data.

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>24.4</u>	<u>23.3</u>	<u>17.1</u>	<u>13.2</u>	<u>13.2</u>
Numerator	<u>88</u>	<u>88</u>	<u>67</u>	<u>52</u>	<u>52</u>
Denominator	<u>361,160</u>	<u>377,360</u>	<u>391,047</u>	<u>394,010</u>	<u>394,010</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2009

Field Note:

ICD10 Codes are not available at this time for 2009. Data entered was from 2008. The data may be available later in December 2010.

2. Section Number: Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2008

Field Note:

Data is preliminary, data will be available in December 2010.

Motor vehicle (traffic related) ICD-10 codes V02-V04 (.1-.9), V09.2, V12-V14 (.3-.9), V19 (.4-.6), V20-V28 (.3-.9), V29-V79 (.4-.9), V80 (.3-.5), V81.1, V82.1, V83-V86 (.0-.3), V87 (.0-.8) and V89.2 listed as underlying cause of death were used to compile the data.

3. Section Number: Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2007

Field Note:

Data is preliminary, data will be available in December 2010.

Motor vehicle (traffic related) ICD-10 codes V02-V04 (.1-.9), V09.2, V12-V14 (.3-.9), V19 (.4-.6), V20-V28 (.3-.9), V29-V79 (.4-.9), V80 (.3-.5), V81.1, V82.1, V83-V86 (.0-.3), V87 (.0-.8) and V89.2 listed as underlying cause of death were used to compile the data.

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

		Annual Indicator Data			
	2005	2006	2007	2008	2009
Annual Indicator	<u>162.5</u>	<u>141.7</u>	<u>129.0</u>	<u>138.3</u>	<u>138.3</u>
Numerator	<u>855</u>	<u>779</u>	<u>735</u>	<u>794</u>	<u>794</u>
Denominator	<u>526,084</u>	<u>549,579</u>	<u>569,703</u>	<u>573,966</u>	<u>573,966</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes

- Section Number:** Form20_Health Status Indicator #04A
Field Name: HSI04A
Row Name:
Column Name:
Year: 2009
Field Note:
 Hospital discharge data will not be available, data will be available in December 2010. Data entered is from 2008.
- Section Number:** Form20_Health Status Indicator #04A
Field Name: HSI04A
Row Name:
Column Name:
Year: 2008
Field Note:
 ICD-9 codes 800-909.2,909.4, 909.9, 910-994.9, 995.5-995.59,995.80-995.85 listed as primary diagnosis and discharge status "Alive" were used to compile the hospital discharge data.
- Section Number:** Form20_Health Status Indicator #04A
Field Name: HSI04A
Row Name:
Column Name:
Year: 2007
Field Note:
 ICD-9 codes 800-909.2,909.4, 909.9, 910-994.9, 995.5-995.59,995.80-995.85 listed as primary diagnosis and discharge status "Alive" were used to compile the hospital discharge data.

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>35.2</u>	<u>25.3</u>	<u>14.9</u>	<u>13.6</u>	<u>13.6</u>
Numerator	<u>185</u>	<u>139</u>	<u>85</u>	<u>78</u>	<u>78</u>
Denominator	<u>526,084</u>	<u>549,579</u>	<u>569,703</u>	<u>573,966</u>	<u>573,966</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2009

Field Note:

Hospital discharge data will be available in December of 2010. Data entered was from 2008.

2. Section Number: Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2008

Field Note:

ICD-9 codes E810-E819 (.0-.9) and discharge status 'Alive' were used to compile the discharge data.

3. Section Number: Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2007

Field Note:

ICD-9 codes E810-E819 (.0-.9) and discharge status 'Alive' were used to compile the discharge data.

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>145.9</u>	<u>121.1</u>	<u>74.9</u>	<u>94.7</u>	<u>94.7</u>
Numerator	<u>527</u>	<u>457</u>	<u>293</u>	<u>373</u>	<u>373</u>
Denominator	<u>361,160</u>	<u>377,360</u>	<u>391,047</u>	<u>394,010</u>	<u>394,010</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2009

Field Note:

Hospital discharge data will be available in December of 2010. Data entered was from 2008.

2. Section Number: Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2008

Field Note:

ICD-9 codes E810-E819 (.0-.9) and discharge status 'Alive' were used to compile the discharge data.

3. Section Number: Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2007

Field Note:

ICD-9 codes E810-E819 (.0-.9) and discharge status 'Alive' were used to compile the discharge data.

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>13.1</u>	<u>14.1</u>	<u>28.2</u>	<u>28.2</u>	<u>28.2</u>
Numerator	<u></u>	<u>1,259</u>	<u>2,613</u>	<u>2,630</u>	<u>2,630</u>
Denominator	<u></u>	<u>89,473</u>	<u>92,701</u>	<u>93,403</u>	<u>93,403</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2009

Field Note:

2009 population is not available. Data may be available in December of 2010. Data entered is 2008 data.

2. Section Number: Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2008

Field Note:

Wrong population was used for 2007, data was corrected to just female 15-19 in 2008.

3. Section Number: Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2007

Field Note:

Wrong population was used for 2007, data was corrected to just female 15-19.

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	Annual Indicator Data				
	2005	2006	2007	2008	2009
Annual Indicator	<u>5.4</u>	<u>6.6</u>	<u>8.8</u>	<u>8.9</u>	<u>8.9</u>
Numerator	<u></u>	<u>3,056</u>	<u>4,225</u>	<u>4,309</u>	<u>4,309</u>
Denominator	<u></u>	<u>462,416</u>	<u>479,159</u>	<u>482,761</u>	<u>482,761</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2009

Field Note:

Population data should be available in December of 2010. Data entered was 2008 data.

2. Section Number: Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2008

Field Note:

EPI gave population for both male & female. This data was corrected to just female 15-19 in 2008.

3. Section Number: Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2007

Field Note:

EPI gave population for both male & female. This data was corrected to just female 15-19.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NV

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2008 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	40,981	19,413	3,252	503	2,538	0	0	15,275
Children 1 through 4	154,944	71,633	12,470	1,962	11,119	0	0	57,760
Children 5 through 9	188,792	91,960	15,213	2,602	11,604	0	0	67,413
Children 10 through 14	189,249	99,497	16,804	2,745	10,973	0	0	59,230
Children 15 through 19	194,034	102,274	17,307	3,107	11,154	0	0	60,192
Children 20 through 24	199,975	106,654	14,818	2,993	12,832	0	0	62,678
Children 0 through 24	967,975	491,431	79,864	13,912	60,220	0	0	322,548

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	25,706	15,275	0
Children 1 through 4	97,184	57,760	0
Children 5 through 9	121,378	67,413	0
Children 10 through 14	130,019	59,230	0
Children 15 through 19	133,843	60,192	0
Children 20 through 24	137,297	62,678	0
Children 0 through 24	645,427	322,548	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NV

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2008 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	67	54	9	1	2	0	0	1
Women 15 through 17	1,440	1,135	201	18	45	0	0	41
Women 18 through 19	2,752	2,112	413	53	98	0	0	76
Women 20 through 34	29,219	22,950	2,737	401	2,368	0	0	763
Women 35 or older	5,296	4,053	364	47	693	0	0	139
Women of all ages	38,774	30,304	3,724	520	3,206	0	0	1,020

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	20	43	4
Women 15 through 17	568	826	46
Women 18 through 19	1,375	1,311	66
Women 20 through 34	17,474	11,262	483
Women 35 or older	3,486	1,738	72
Women of all ages	22,923	15,180	671

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NV

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2007 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	259	197	45	0	11	0	0	6
Children 1 through 4	67	55	11	0	1	0	0	0
Children 5 through 9	21	17	2	0	1	0	0	1
Children 10 through 14	37	28	4	0	4	0	0	1
Children 15 through 19	110	87	21	1	0	0	0	1
Children 20 through 24	201	166	27	0	4	0	0	4
Children 0 through 24	695	550	110	1	21	0	0	13

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	178	86	1
Children 1 through 4	45	22	0
Children 5 through 9	13	8	0
Children 10 through 14	27	11	1
Children 15 through 19	85	25	1
Children 20 through 24	149	54	1
Children 0 through 24	497	206	4

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NV

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	768,000	384,777	65,046	10,919	47,388	0	0	259,870	2008
Percent in household headed by single parent	34.0	51.0	9.0	2.0	6.0	0.0	0.0	33.0	2008
Percent in TANF (Grant) families	2.0	63.0	27.0	2.0	2.0	0.0	5.0	1.0	2008
Number enrolled in Medicaid	186,581	57,857	36,501	2,202	4,198	0	5,770	80,053	2009
Number enrolled in SCHIP	34,036	6,373	1,865	226	818	0	1,553	23,201	2009
Number living in foster home care	10,931	5,859	2,475	209	303	0	0	2,085	2008
Number enrolled in food stamp program	67,832	44,904	17,637	1,085	2,102	68	1,694	342	2008
Number enrolled in WIC	70,228	14,326	6,476	473	2,060	0	0	46,893	2009
Rate (per 100,000) of juvenile crime arrests	881.6	687.1	184.0	8.6	19.7	0.0	0.0	0.0	2008
Percentage of high school drop-outs (grade 9 through 12)	4.8	3.6	6.2	4.6	0.0	3.4	0.0	6.8	2007

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	483,840	284,160	0	2008
Percent in household headed by single parent	21.0	13.0	0.0	2008
Percent in TANF (Grant) families	2.0	1.0	0.0	2008
Number enrolled in Medicaid	110,235	76,346	186,581	2009
Number enrolled in SCHIP	10,835	23,201	34,036	2009
Number living in foster home care	8,846	2,085	0	2008
Number enrolled in food stamp program	50,173	17,659	0	2008
Number enrolled in WIC	25,654	44,574	0	2009
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	881.6	2008
Percentage of high school drop-outs (grade 9 through 12)	4.2	6.8	0.0	2007

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NV

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2008 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	<u>677,204</u>
Living in urban areas	<u>692,753</u>
Living in rural areas	<u>11,907</u>
Living in frontier areas	<u>63,340</u>
Total - all children 0 through 19	<u>768,000</u>

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NV

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2008 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	2,783,733.0
Percent Below: 50% of poverty	4.9
100% of poverty	10.3
200% of poverty	29.2

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NV

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2008 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	<u>768,000.0</u>
Percent Below: 50% of poverty	<u>6.0</u>
100% of poverty	<u>14.0</u>
200% of poverty	<u>38.0</u>

FORM NOTES FOR FORM 21

HSI6A-6B: 2008 interim population from nevada state demographer. Asian includes Native Hawaiian and Pacific Islander.

HSI7A-7B: Did not include unknown age groups.

HSI8A-8B: preliminary 2007, 230 cases have not been coded for race. Asian includes Native Hawaiian and Pacific Islander. Data may be available in December 2011.

HSI 9A & 9B

For Medicaid and SCHIP it is for FFY 09. Native Hawaiian or Other Pacific Islander is included with Asian. Medicaid and SCHIP enrollment pulled out of DSS. Medicaid does not collect data on country of origin.

HSI 9A & 9B

For WIC data is from PedNSS report

HSI10: 2008 interim population from nevada state demographer.

FIELD LEVEL NOTES

None

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: NV

Form Level Notes for Form 11

NPM#13 Data entered for 2009 is from 2008 SPM#1 Data entered for 2008 is from 2008 SPM#12 I have compiled the newborn hearing screening follow-up data from 3 sources for babies born in 2009. The data is from Nevada Early Intervention Services in both Reno and Las Vegas, and from Nanci Campbell, a private practice audiologist in Carson City. In total, 58 babies who were born in 2009 and did not pass the newborn hearing screening were seen at these offices for diagnostic hearing testing. Of these 58 babies, 41 received a diagnosis (of either normal hearing or confirmed hearing loss) within 3 months of their hospital newborn hearing screen. Please be aware that this is a very small group of infants compared to the total infants statewide who did not pass their hearing screening. In addition, this small group may not be a representative sample and these outcomes may not reflect those of the larger population of infants who did not pass their screening. The infants tracked in this data set were born at a small group of hospitals that provide direct referral to an audiologist for follow-up diagnostic hearing testing. Most hospitals do not provide this direct link to an audiologist. For hospitals that do not provide a direct referral to an audiologist, babies must often go through their pediatrician who then refers to an ENT physician who then refers to the audiologist. By adding these extra steps, the time to diagnosis is usually extended. It may be important to make note that this limited data set may not be a representative sample and why. When this data is collected next year for 2010 births, a much larger data set will be available and the percent of babies who receive a diagnosis within 3 months will likely decrease to reflect the timeframes that typically occur across the state. SPM#13 NEIS serves children birth to three and the above data is reporting for these respective ages. Some children received both and the above data is reporting for these respective ages. Children may receive ASQ, ASQ-SE, and MCHATs. Autism screening began in 2009. All referred children to and/or MCHATs. Autism Screening began in 2009. All referred children to NEIS receive a screening. In FY 09, there were 4,147 early intervention referrals statewide. The populations for 2007 through 2008 are interim.

STATE PERFORMANCE MEASURE # 1 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

Increase the percent of women of child-bearing age who receive screening and assistance for domestic violence.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	10	10	15	15	15
Annual Indicator	5.7	6.0	5.6	3.9	3.9
Numerator	30,288	30,015	28,982	19,546	19,546
Denominator	528,027	498,297	515,208	503,840	503,840
Data Source				Title V contract pgms	Title V contract pgms
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	15	15	15	15	
Annual Indicator					
Numerator	While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.				
Denominator					

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2008

Field Note:

Data from Title V funded pregnancy clinics and Nevada Network Against Domestic Violence women aged 18-44years. Denominator is state demographers projection of women.

STATE PERFORMANCE MEASURE # 2 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

Increase the rate of significant Medicaid dental providers to the Medicaid population of children, youth and pregnant women.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective		1.9	2	2	2.1
Annual Indicator	1.8	1.5	1.9	1.9	7.4
Numerator	298	344	422	405	392
Denominator	167,271	235,066	222,530	212,029	53,284
Data Source				NV DHCFP	NV DHCFP
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	<u>2.2</u>	<u>2.3</u>	<u>2.4</u>	<u>2.4</u>	<u></u>
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data is for federal fiscal year 2009.

Numerator

FFS Report from DSS. Reports from HMOs were combined with FFS report to obtain total paid overall to each dentist in Access.

Data was not requested from Anthem for the first quarter of the fiscal year.

Count of dentists paid more than \$1,000 during the reporting year was calculated from the Access database.

Denominator

All Children: All members age 0-18 during the reporting period (by birthdate).

Women of Childbearing age: All female members age 15-44 during reporting period (by birthdate).

Note: Report counts all women 15-18 as children and does not duplicate them.

2. Section Number: Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data comes from the Nevada Division of Health Care Financing and Policy (DHCFP). The numerator is the number of dentists who received at least \$1,000 in payments in the reporting year and the denominator is the number of Medicaid clients in the cohort. The reported number is the ratio of dentists per 1,000 population in the cohort.

STATE PERFORMANCE MEASURE # 3 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

Decrease the percent of women, ages 18 to 44, who are obese.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective		18	18	17	17
Annual Indicator	19.7	23.0	21.9	20.0	22.5
Numerator	104,021	98,268	94,783	88,875	101,025
Denominator	528,027	426,760	433,217	444,805	448,508
Data Source				BRFSS 2008	BRFSS 2009
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	16	16	16	16	
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

Field Level Notes

- Section Number:** Form11_State Performance Measure #3
Field Name: SM3
Row Name:
Column Name:
Year: 2009
Field Note:
 This data is from Nevada's preliminary 2009 BRFSS report.
- Section Number:** Form11_State Performance Measure #3
Field Name: SM3
Row Name:
Column Name:
Year: 2008
Field Note:
 This data is from Nevada's preliminary 2008 BRFSS report.
- Section Number:** Form11_State Performance Measure #3
Field Name: SM3
Row Name:
Column Name:
Year: 2007
Field Note:
 This data is from Nevada's preliminary 2007 BRFSS report.

STATE PERFORMANCE MEASURE # 4 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

Decrease the percent of children and youth ages birth through 18 who die from unintentional injuries.

Annual Objective and Performance Data					
	2005	2006	2007	2008	2009
Annual Performance Objective		5	5	5	5
Annual Indicator	10.9	14.0	10.6	9.3	9.3
Numerator	73	98	77	68	68
Denominator	667,830	697,715	723,176	728,603	728,603
Data Source				ICD10 codes	ICD10codes
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	<u>5</u>	<u>5</u>	<u>5</u>	<u>5</u>	<u></u>
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #4

Field Name: SM4**Row Name:****Column Name:****Year:** 2009**Field Note:**

The data entered is from 2008. ICD codes were not available for 2009. The data is preliminary. Data will be available in December, 2010.

2. **Section Number:** Form11_State Performance Measure #4

Field Name: SM4**Row Name:****Column Name:****Year:** 2008**Field Note:**

This question is for unintentional injuries only. ICD-10 codes V01-X59, and Y85-Y86 listed as the underlying cause of death were used to compile the data.

The data is preliminary. The data will be available in December, 2010.

3. **Section Number:** Form11_State Performance Measure #4

Field Name: SM4**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data is preliminary and will be available in December, 2010.

This question is for unintentional injuries only. ICD-10 codes V01-X59, and Y85-Y86 listed as the underlying cause of death were used to compile the data.

STATE PERFORMANCE MEASURE # 5 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

Increase the number of schools (grades kindergarten to high school) that have access to a school based health center.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective					10
Annual Indicator					
Numerator					
Denominator					
Data Source				CIS data	
Is the Data Provisional or Final?				Provisional	

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	10	15	15	20	
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2008**Field Note:**

This is a NEW performance measure and will have data next year. We project 10% increase in the number of school-based health centers (right now there are 7 in the state). Approximately 1.5 added per year to start. partner with Communities In Schools- Louise Helton for data

Two sources: Communities in Schools (<http://cisnevada.org/>) and Nevada Health Centers (<http://www.nvrhc.org/sbhc.cfm>) . These are the two main entities that run school based health centers in Nevada. The Nevada State College staffs the school based health center at Basic High School in Henderson.

2. Section Number: Form11_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2007**Field Note:**

Clark County is the only county in Nevada that has schools with SBHC. Currently only 3 elementary schools are equipped with these centers. We currently are awaiting for the # of children k-6 who are enrolled in school based health centers (numerator). Some of these centers have only been in operation for 6 months because they were lacking medical directors. Therefore, we do not have reliable data to report for the numerator.

The denominator is 148,773. This data came from NV Annual Reports of Accountability provided by NV Dept of Education.

STATE PERFORMANCE MEASURE # 6 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

Increase the timeliness of Newborn Hearing Diagnosis to 3 months of age.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective					10
Annual Indicator					70.7
Numerator					41
Denominator					58
Data Source				NB hearing database	NB hearing database
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	15	15	20	10	
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #6

Field Name: SM6

Row Name:

Column Name:

Year: 2008

Field Note:

This is a NEW performance measure. Will have data next year from the Newborn Hearing database

STATE PERFORMANCE MEASURE # 7 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

Increase the percentage of children screened for age-appropriate developmental skills and behavioral health levels.

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective					15
Annual Indicator					
Numerator					
Denominator					
Data Source				EIS data	
Is the Data Provisional or Final?				Provisional	

<u>Annual Objective and Performance Data</u>					
	2010	2011	2012	2013	2014
Annual Performance Objective	15	10	10	10	
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #7

Field Name: SM7

Row Name:

Column Name:

Year: 2008

Field Note:

This is a NEW performance measure, will collect data from Early Intervention screening initiative

STATE PERFORMANCE MEASURE # 8 - NEW FOR NEEDS ASSESSMENT CYCLE 2011-2015

Decrease the percentage of at-risk for overweight and overweight children in Nevada public schools.

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective					22
Annual Indicator			23.2	23.2	24.4
Numerator					476
Denominator					1,951
Data Source				YRBS	YRBS
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2010	2011	2012	2013	2014
Annual Performance Objective	22	22	22	22	
Annual Indicator					
Numerator					
Denominator					

While you may enter preliminary objectives for State Performance Measures for the Needs Assessment Period 2011-2015, this is not required until next year.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2009**Field Note:**

YRBS is done every other year, thus data for 2009 is available in CY 2010.

The performance measure on the block grant form reads "Decrease the percentage of at-risk for overweight and overweight children in Nevada." we believe it should read "...overweight and obese...."

The YRBS survey at: <http://apps.nccd.cdc.gov/youthonline/App/Default.aspx> gives percentages and total respondents (the denominator) so you can determine the numerator by multiplying the percent times the total respondents.

Over weight = 13.4 percent and the denominator is 1,951;

The numerator is .134 X 1,951 = 261.4

Obese = 11.0% with the same denominator - 1,951.

The numerator is .110 X 1,951 = 214.6

Adding the two numerators together = 214.6 + 261.4 = 476

Therefore, to fill out the block grant form we used 476 as the numerator and 1951 as the denominator and the percent will automatically be calculated at (476 / 1951) X100 = 24.4%

2. Section Number: Form11_State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2008**Field Note:**

State Performance Measure #14

Data for 2008 is not available because the YRBS is done every other year. Data for 2009 will be available in CY 2010.

A) AB354 passed in 2007 requiring "each school district shall conduct examinations of height and weight of a representative sample of pupils in at least one grade of the:

(a) Elementary schools within the school district;

(b) Middle schools or junior high schools within the school district; and

(c) High schools within the school district,"

NSHD's Chief Biostatistician, Alicia Hanson, is responsible for computing BMI and compiling school district data. This data collection is done annually. In 2007-2008, 4th, 7th and 10th grades were sampled.

B) Related, the Youth Risk Behavior Survey asks about how survey takers feel about their weight and health habits related to trying to lose weight.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]
STATE: NV

Form Level Notes for Form 12

Years <=2006 did not correctly compute perinatal death.

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: NV

SP(New for Needs Assessment cycle 2011-2015) # 1

PERFORMANCE MEASURE: Increase the percent of women of child-bearing age who receive screening and assistance for domestic violence.

STATUS: Active

GOAL To increase domestic violence screening and assistance among women of childbearing age.

DEFINITION The percent of the number of women who received screening for domestic violence to the number of women of childbearing age in Nevada.

Numerator:
Number of women of childbearing age (age 15-44) who receive screening and assistance from a domestic violence shelter/agency in a year.

Denominator:
Number of women of childbearing age in the state during the year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES State Domestic Violence Network, State Physician Survey, Bureau of Health Planning and Vital Statistics, other domestic violence partners, police data, clinics and county health department. Data will primarily come from domestic violence shelters/agencies and contracts with the bureau for MCH services.

SIGNIFICANCE Universal screening will promote greater awareness, knowledge, intervention, and prevention services to women and providers, as well as provide indicators for child abuse and neglect screening.

SP(New for Needs Assessment cycle 2011-2015) # 2

PERFORMANCE MEASURE:

Increase the rate of significant Medicaid dental providers to the Medicaid population of children, youth and pregnant women.

STATUS:

Active

GOAL

The goal is to increase the number of Dentists and other dental providers who will see the Medicaid population.

DEFINITION

The ratio of the number of dentists who will accept Medicaid to the Medicaid population.

Numerator:

The number of oral health services providers received payment of \$1,000 or more from the Medicaid during the year.

Denominator:

The number of children, youth and women of childbearing age in the Medicaid population during the year.

Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Data comes from Medicaid, with the numerator being the number of dentists who received at least \$1,000 in payments in the reporting year, and the denominator the number of clients in the cohort.

SIGNIFICANCE

Access to dental care is a chronic issue for Nevada's Medicaid population. This measure addresses increasing access.

SP(New for Needs Assessment cycle 2011-2015) # <u>3</u>	
PERFORMANCE MEASURE:	Decrease the percent of women, ages 18 to 44, who are obese.
STATUS:	Active
GOAL	Reduce the percent of obese women in Nevada.
DEFINITION	<p>The number of women in Nevada aged 18 -44 that are obese divided by the number of women in Nevada aged 18-44.</p> <p>Numerator: Women ages 18 to 44 in the Behavioral Risk Factor Surveillance System (BRFSS) with Body Mass Index (BMI) greater than 30.</p> <p>Denominator: All women ages 18 to 44 in the Behavioral Risk Factor Surveillance System (BRFSS).</p> <p>Units: 100 Text: Percent</p>
HEALTHY PEOPLE 2010 OBJECTIVE	
DATA SOURCES AND DATA ISSUES	Behavioral Risk Factor Surveillance System (BRFSS)
SIGNIFICANCE	Obesity leads to chronic diseases and early mortality.

PERFORMANCE MEASURE:

Decrease the percent of children and youth ages birth through 18 who die from unintentional injuries.

STATUS:

Active

GOAL

To reduce the number of children in Nevada from birth through 18 who died from an unintentional injury.

DEFINITION

Number of children from birth through 18 who died from an unintentional injury divided by the children from birth through 18 population per 100,000.

Numerator:

The number of children in Nevada from birth through 18 who died from an unintentional injury.

Denominator:

The number of children in Nevada from birth through 18 years of age.

Units: 100000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Injury prevention database, Bureau of Health Planning and Vital Statistics and the State Demographers Office.

SIGNIFICANCE

Reducing the number of deaths from unintentional injuries in children will increase the quality of life for children and families. This is a population based and infrastructure-building services measure.

PERFORMANCE MEASURE: Increase the number of schools (grades kindergarten to high school) that have access to a school based health center.

STATUS: Active

GOAL Increase the number of children kindergarten through grade six who have access to health care on the school campus.

DEFINITION Percent of children with access to number of children in grades kindergarten - grade six in Clark County.

Numerator:
Number of children k-6 in Clark County enrolled in school based health centers

Denominator:
Number of children k-6 enrolled in Clark County School District.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES The data will come from the school based health centers and the Department of Education.

SIGNIFICANCE Placing school based health clinics in schools that can address the health needs of the school population has been demonstrated to increase academic success while taking care of student health needs.

PERFORMANCE MEASURE:	Increase the timeliness of Newborn Hearing Diagnosis to 3 months of age.
STATUS:	Active
GOAL	To reduce the morbidity associated with hearing impairment by ensuring that children are identified with this condition as early as possible and receive needed treatment or other intervention in a family-centered and timely manner. Receiving diagnosis by three months of age requires audiology capacity and the shortage is what the Nevada Title V and Hands & Voices partnership will address.
DEFINITION	<p>The number of infants who receive a diagnosis as defined in the numerator divided by the number who failed the hearing screen</p> <p>Numerator: Number of infants receiving a diagnosis before 3 months of age.</p> <p>Denominator: Number of infants whose newborn hearing screen warrants need for follow-up screening/diagnostic testing</p> <p>Units: 100 Text: Percent</p>
HEALTHY PEOPLE 2010 OBJECTIVE	<p>28 general and 28-13</p> <p>28 Improve the visual and hearing health of the Nation through prevention, early detection, treatment, and rehabilitation. 28-13 (Developmental) Increase access by persons who have hearing impairments to hearing rehabilitation services and adaptive devices, including hearing aids, cochlear implants, or tactile or other assistive or augmentative devices. 28-14 to 28-17</p> <p>Developmental) Increase the proportion of persons who have had a hearing examination on schedule. Developmental) Increase the number of persons who are referred by their primary care physician for hearing evaluation and treatment. Developmental) Increase the use of appropriate ear protection devices, equipment, and practices. Developmental) Reduce noise-induced hearing loss in children and adolescents aged 17 years and under.</p>
DATA SOURCES AND DATA ISSUES	Newborn Hearing Screening Program's data system, electronic birth records, Nevada Early Intervention Services data, and other follow-up data received from clinical evaluations
SIGNIFICANCE	While Nevada's Universal newborn hearing screening program is successful with initial screening; follow-up and diagnosis is a challenge. Speciality providers shortages contribute to the need for improvement in this area. Early identification and intervention have lifelong implications for the child's understanding and use of language.

PERFORMANCE MEASURE:	Increase the percentage of children screened for age-appropriate developmental skills and behavioral health levels.
STATUS:	Active
GOAL	To increase the percentage of children screened for age-appropriate developmental skills and behavioral health levels for early identification of conditions and referral for treatment.
DEFINITION	<p>The number of children, ages 18 months through 48 months, who are screened for age-appropriate developmental skills and social/emotional developmental levels.</p> <p>Numerator: The number of children, ages 18 months through 48 months, who are screened for age-appropriate developmental skills and social/emotional developmental levels using the Ages and Stages Questionnaire® and behavioral health screening using the Ages and Stages Questionnaire®: Social-Emotional (ASQ:SE) and autism vulnerability using the Modified Checklist for Autism in Toddlers (M-CHAT).</p> <p>Denominator: The number of children, ages 18 months through 48 months.</p> <p>Units: 100 Text: Percent</p>
HEALTHY PEOPLE 2010 OBJECTIVE	<p>18-7</p> <p>Increase the proportion of children with autism spectrum disorders who receive treatment.</p>
DATA SOURCES AND DATA ISSUES	Initial data collection will be for Early Intervention children 18 to 30 months who have autism and developmental screening. Encourage providers moving to electronic records to report screenings. In the future, we will be offering the ASQ 3 & SE Online Multisite program and this will increase capacity to collect data for this performance measure. In the long-term strive to collect statewide data reported by agencies who perform screenings for young children using the Ages and Stages Questionnaire®, Ages and Stages Questionnaire®: Social-Emotional (ASQ:SE) and the Modified Checklist for Autism in Toddlers (M-CHAT). These questionnaires/screening tools assess children's developmental skills, social-emotional development, and vulnerability for autism spectrum disorders at 18, 24, 30, 36, 48 months.
SIGNIFICANCE	Early identification of young children with autism spectrum disorders is a growing concern for Nevada. With the formation of the Governor's Commission on Autism Spectrum Disorders beginning FY 2009, the Nevada State Health Division is committed to building state capacity to provide screening, diagnostic and treatment services for young children with autism spectrum disorders.

PERFORMANCE MEASURE:	Decrease the percentage of at-risk for overweight and overweight children in Nevada public schools.
STATUS:	Active
GOAL	Decrease the percentage of at-risk for overweight and overweight children in Nevada public schools.
DEFINITION	Body Mass Index at or above 85%. Numerator: All kids in NV public schools with a Body Mass Index (BMI) equal to 85% and above. Denominator: All kids in NV public schools Units: 100 Text: Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES	Youth risk Behavior Survey Data from Nevada Legislation AB354
SIGNIFICANCE	Decreasing obesity in youth improves health and well-being saves limited healthcare resources.

